

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **24103**

FILED **JUL 20 1953**

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **204**

1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo. b. COUNTY CAPE GIRARDEAU	
b. CITY OR TOWN CAPE GIRARDEAU		c. CITY OR TOWN CAPE GIRARDEAU	
c. LENGTH OF STAY (in this place) 1 hr		d. STREET ADDRESS (If rural, give location) 420 SUN SET	
d. FULL NAME OF HOSPITAL OR INSTITUTION S. E. HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) FRANCIS c. (Last) Edmiston			4. DATE OF DEATH (Month) (Day) (Year) 7-11-53		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH 1881		9. AGE (In years last birthday) 72 1/2		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Public Works Inspector	
11. BIRTHPLACE (City and State or Foreign Country) Ky.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		10b. KIND OF BUSINESS OR INDUSTRY Gas Station	
13a. FATHER'S NAME WILLIAM		13b. MOTHER'S MAIDEN NAME D.K.		14. NAME OF HUSBAND OR WIFE Ruth	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) -		16. SOCIAL SECURITY NO. unk		17. INFORMANT'S SIGNATURE OR NAME C. C. Edmiston CAPE GIRARDEAU	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, trauma, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute coronary occlusion and		ANTECEDENT CAUSES coronary artery disease		8 hr.	
DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)		1 year	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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20a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 1952, to July 11, 1953, that I last saw the deceased alive on July 11, 1953, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles R. Wilson M.D.		23b. ADDRESS 714 Broadway Cape Girardeau Mo		23c. DATE SIGNED 7-14-53	
24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE 7-13-53		24c. NAME OF CEMETERY OR CREMATORY Old City Cemetery	
		24d. LOCATION (City, town, or county) Marley		(State) Mo.	

DATE REC'D BY LOCAL REG. 7-14-53		REGISTRAR'S SIGNATURE C. C. Edmiston		25. FUNERAL DIRECTOR'S SIGNATURE Welsh Funeral Home	
				ADDRESS Linton Mo.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Call 7-5500

AUG 2 1953

3861 87 9007

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____ 1

working under my personal supervision.

Student
Student Embalmer

Signed *Raymond Crews*

Licensed Embalmer No. *3467*

P. O. Address *Sikeston Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Cape Girardeau^{SS.}

State File No. 24103
Local Registrar's No. 204

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 14th day of August, 1953, before me appears Ruth C. Edmiston, who, upon her oath, states that the original record of death for William F. Edmiston, died both July 11th 1953, 19, in the State of Missouri, and which was filed at Jefferson City Mo on, 19, should be corrected as follows:

Item No. 8 should read August 6th 1881

Instead of August 6th 1880

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. Ruth C. Edmiston
Relationship. Widow

411 Walnut St Cape Girardeau Mo
Present Address.

Subscribed and sworn to before me this 14th day of August, 1953.

My Commission expires October 20, 1953

E. L. Crader Notary Public.

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