

FILED AUG 7 - 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24418

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 710

1. PLACE OF DEATH a. COUNTY <b>Greene</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		0396 8
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Grant Beach Park</b>			d. STREET ADDRESS (If rural, give location) <b>2022 N. Boonville</b>		
3. NAME OF DECEASED (Type or Print)	a. (First) <b>MARY</b>	b. (Middle) <b>CATHERINE</b>	c. (Last) <b>EDMISSON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>August 1, 1953</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>May 20, 1939</b>	9. AGE (In years last birthday) <b>14</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>In School</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	0
13a. FATHER'S NAME <b>James F. Edmisson</b>		13b. MOTHER'S MAIDEN NAME <b>Maude Irene Nuttle</b>		14. NAME OF HUSBAND OR WIFE <b>Single</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>James F. Edmisson</b> ADDRESS <b>Springfield, Mo.</b>		
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, injury, or complication which caused death.	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Dislocation of 1st &amp; 2nd.</b>	Verterbrae on Rt. side with pressure to brain Stem				
ANTECEDENT CAUSES	DUE TO (b) <b>Shock</b>				
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) <b>Asphyxiation by drowning</b>				
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>9294/2</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Grant Beach Park</b>	21c. (CITY, TOWN, OR TOWNSHIP) <b>133</b> (COUNTY) <b>Springfield, Greene, Missouri</b> (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (PM) <b>Aug. 1, 1953 3:45</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Accidental Injury</b>			
22. I hereby certify that I attended the deceased from <b>Dead on August 1, 1953</b> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>4:00P</b> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Dr. E. Allen Pichens Coroner</b>			23b. ADDRESS <b>Springfield, Missouri</b>		23c. DATE SIGNED <b>Aug. 3, 53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug. 4, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>White Chapel Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>8-4-53</b>	REGISTRAR'S SIGNATURE <b>Edith Williamson</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J.W. Klingner &amp; Co. Springfield, Mo</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

**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. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Max Hardes*

Licensed Embalmer No.

*4071*

P. O. Address

*Springfield*

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

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