

FILED AUG 13 1954

STANDARD CERTIFICATE OF DEATH

State File No. 22418

BIRTH NO. _____ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 4114 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mendon</u>		c. CITY OR TOWN <u>Mendon</u>	
c. LENGTH OF STAY (In this place)		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>0213</u>			
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <u>Bettie</u>		b. (Middle) <u>Belle</u>	
c. (Last) <u>Edemann</u>		Date of Death <u>Aug 4 - 1954</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <u>Married</u>	8. DATE OF BIRTH <u>April 19 - 1894</u>
9. AGE (In years last birthday) <u>60</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mendon MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY <u>House Work</u>	11. BIRTHPLACE	
13a. FATHER'S NAME <u>JAMES ROSS</u>		13b. MOTHER'S MAIDEN NAME <u>Nottie Terrell</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME <u>William Edemann</u> ADDRESS <u>Mendon MO</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Her. Pancreas</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>157X</u>	
19a. DATE OF OPERATION <u>May 3, 1954</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION <u>Cholelithiasis - Ca Head Pancreas - Colectomy at Common Duct</u>		21a. 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) (Minute)		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 <u>4-28</u> , 19 <u>54</u> , to <u>Aug 4</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Aug 29</u> , 19 <u>54</u> and that death occurred at <u>12:15</u> p.m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Stated Edemann</u> (Degree or title)		23b. ADDRESS <u>Mendon MO</u>	
23c. DATE SIGNED <u>8-5-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>8/7/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mendon</u>	
24d. LOCATION (City, town, or county) (State) <u>Mendon MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. L. Shepard</u> ADDRESS <u>Mendon MO</u>	
DATE REC'D BY LOCAL REG. <u>8-7-54</u>		REGISTRAR'S SIGNATURE <u>Mildred Boone</u> ADDRESS <u>560</u>	

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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.....
Signature of Student Embalmer

Signed *A. L. Leiper*.....

Licensed Embalmer No... 395

P. O. Address... Mendon

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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