

FILED AUG 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22835

 BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5709 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <u>McDonald</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>	
b. CITY OR TOWN <u>Goodman (Rural)</u>		c. CITY OR TOWN <u>Goodman</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>life</u>		e. STREET ADDRESS (If rural, give location) <u>Rt. # 1.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Vernon</u> b. (Middle) <u>Tillman</u> c. (Last) <u>Edmonds</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 31, 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec. 13, 1922</u>	9. AGE (In years last birthday) <u>32</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Disabled Veteran</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>McDonald Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Tillman Hedges Edmonds</u>	13b. MOTHER'S MAIDEN NAME <u>Ellen Bertha West</u>	14. NAME OF HUSBAND OR WIFE <u>Esta Edmonds</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Army W. W. II.</u>		16. SOCIAL SECURITY NO. <u>486-24-6728</u>
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>T. H. Edmonds Goodman, Missouri.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lung hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
		ANTECEDENT CAUSES Morbid 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>7831</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>T. M. Humphrey Jr. Coroner</u>	(Degree or title)	23b. ADDRESS <u>Noel Mo.</u>	23c. DATE SIGNED <u>8-1-55</u>
24a. BURIAL OR CREMATION	24b. DATE <u>8-3-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Anderson Rt. 3, Missouri.</u>

DATE REC'D BY LOCAL REG. <u>8-8-55</u>	REGISTRAR'S SIGNATURE <u>Wayne Humphrey</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl Ralph Anderson, Mo.</u>	ADDRESS
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(Licensed Embalmer) Statement on Reverse Side

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

No. 300
10-48

SEP 1 1955

SEP 22 1955

SEP 27 1955

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 *Earl Rapp*.....

Licensed Embalmer No. *9345*

P. O. Address *Anderson*

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.