

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26695**

FILED AUG 20 1956

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>5502</u>		Registrar's No. <u>246</u>	
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>			
b. CITY OR TOWN <u>Oberlin Mo</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Kansas City Mo</u>		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 <u>2 miles West of Clinton on Hwy 3</u>				e. STREET ADDRESS (If rural, give location) <u>4120 Campbell</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOWELLA</u>		b. (Middle) <u>MAY</u>		c. (Last) <u>EDSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 11 1956</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Mar 17 1898</u>	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Aldrich Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>John Boy</u>		13b. MOTHER'S MAIDEN NAME <u>Cora Murdock</u>		14. NAME OF HUSBAND OR WIFE <u>Logan R Edson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>479-26-463</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Logan R Edson, Kansas City 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull Fracture</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.				INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>2 miles West Clinton Mo</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Henry</u> (COUNTY) <u>Johnson</u> (STATE) <u>Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) <u>August 11, 1956</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto Accident</u>			
22. I hereby certify that I attended the deceased from <u>P.O.A.</u> , 19 <u>56</u> , to <u>Aug 11</u> , 19 <u>56</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:50P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wm. C. Surdewalt D.O. acting coroner</u>				23b. ADDRESS <u>105 E Ohio, Clinton, Mo</u>		23c. DATE SIGNED <u>Aug 11, 1956</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>8-12-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge Cem</u>		24d. LOCATION (City, town, or county) (State) <u>near Aldrich, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-12-56</u>		REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>SCHABERG FUNERAL HOME Clinton Mo</u>			

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 _____

Licensed Embalmer No. 4513

P. O. Address Clinton

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.