

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16221

STATE FILE NUMBER

FILED JUN 3 1957

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 577

Health,
& Welfare
Public
Service

5. 300
7. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN Stanberry,	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Meth. Hosp.		Length of stay in lb 35 days	
3. NAME OF DECEASED (Type or print) First LORNA Middle EDSON Last		4. DATE OF DEATH Month May Day 21 Year 1957	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Jan. 2, 1905
9. AGE (In years last birthday) 52		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) proprietor		10b. KIND OF BUSINESS OR INDUSTRY Grocery Store	
11. BIRTHPLACE (City and state or country) Washington		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME unknown Wright		14. MOTHER'S MAIDEN NAME unknown Divilbiss	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. unknown	
17. INFORMANT J. L. Edson, Stanberry, Mo.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized visceral Carcinomatosis ^{Brain} Adrenals ^{liver} etc. DUE TO (b) Edema of uterus & vaginal metastases DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) 174X			INTERVAL BETWEEN ONSET AND DEATH 5 weeks 2 yrs
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	
20g. STATE			
21. I attended the deceased from 2/28/57 to 5/21/57 and last saw her alive on 5 PM 5/21/57 Death occurred at 5:45p. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H. C. Williamson M.D. (Degree or title)		22b. ADDRESS St. Joseph, Mo.	
22c. DATE SIGNED 5/22/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 5/21/1957	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) Stanberry, Mo.	
24. FUNERAL DIRECTOR Leaton-Bowman Funeral Home, St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. May 28, 1957	
25. REGISTRAR'S SIGNATURE Eather M. Allison			

(Licensed Embalmer's Statement on Reverse Side)

JUN 7 1967

W. Williamson

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. Eugene Wood*.....
Licensed Embalmer No. *3804*

P. O. Address *314 10th St.*

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.