

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-035348  
STATE FILE NUMBER

FILED OCT 23 1958 Registration District No. 2 Primary Registration District No. 5019 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <b>Andrew</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rochester Twp.</b>		c. CITY OR TOWN <b>St. Joseph</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <b>Shady Lane Nursing</b> INSTITUTION <b>Home</b>		d. STREET ADDRESS (If outside, give location) <b>2715 Blackwell Road</b>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First <b>MARY</b> Middle <b>ETHEL</b> Last <b>EDSON</b>		Month <b>Oct.</b> Day <b>10</b> Year <b>1958</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 24, 1885</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Martinsville Missouri</b>
13a. FATHER'S NAME <b>John R. Hunt</b>		13b. MOTHER'S MAIDEN NAME <b>Isabelle Blessing</b>	14. NAME OF HUSBAND OR WIFE <b>Arthur D. Edson</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>495-26-4490</b>	17. INFORMANT <b>Mr. Arthur D. Edson</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bronchial Pneumonia</b> DUE TO (b) <b>Arteriosclerotic heart</b> DUE TO (c) <b>Disease to Con. Failure</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Rectovaginal Fistula</b>		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 _____ Month, Day, Year _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <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 STATE	
21. I attended the deceased from Death occurred at <b>10-8-58</b> to <b>10-10-58</b> and last saw her alive on <b>10-8-58</b> at <b>2:25 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>William C. Baker M.D.</b>		22b. ADDRESS <b>Saranwah, Mo.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>10-12-58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Kidwell Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Martinsville Missouri</b>	
24. FUNERAL DIRECTOR. <b>Stammy Funeral Home N.A.S.</b>		25. DATE RECD. BY LOCAL REG. <b>10-15-58</b>	
26. REGISTRAR'S SIGNATURE <b>William Sparks</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Secretary, whenever possible, use only standard nomenclature in reporting. No symptoms will be listed. All diseases in Part I must be causally related.

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### 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 Charles E. Bennett .....

Licensed Embalmer No. 14677 .....

P. O. Address St. Joseph 1100 .....

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.