

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038653
STATE FILE NUMBER

FILED OCT 24 1958 Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 147

| | | | |
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| 1. PLACE OF DEATH a. COUNTY <u>Vernon</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Hickory</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Washington Township</u> OR TOWN <u>Washington</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN <u>Alexington</u> OR <u>0430</u> |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 3</u> | | Length of stay in lb <u>23ys 10mo</u> | d. STREET ADDRESS (If outside, give location) <u>unknown</u> |
| 3. NAME OF DECEASED (Type or print) First <u>EDNA</u> Middle <u>BELLE</u> Last <u>KING</u> | | | 4. DATE OF DEATH Month <u>10</u> Day <u>9</u> Year <u>58</u> |
| 5. SEX <u>F.</u> | 6. COLOR OR RACE <u>W.</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>5/28/1904</u> |
| 10a. 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>housewife</u> | 11. BIRTHPLACE (City and state or country) <u>Okla.</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Dick Copper</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>May Newsome</u> | | 14. NAME OF HUSBAND OR WIFE <u>unknown</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give when and nature of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT <u>Hospital Records</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary artery occlusion</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>years</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | <u>4201</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | 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.) <u>none</u> | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____ | | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u> | |
| 20e. CITY, TOWN, OR LOCATION <u>none</u> | | 20f. COUNTY STATE | |
| 21. I attended the deceased from <u>12/31/56</u> to <u>10/9/58</u> and last saw <u>her</u> alive on <u>10/9/58</u> Death occurred at <u>405a</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>George Esker M.D.</u> | | 22b. ADDRESS <u>State Hospital No. 3</u> | 22c. DATE SIGNED <u>10/9/58</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>10/9/58</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Humansville Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Humansville Missouri</u> |
| FUNERAL DIRECTOR <u>Bee With Funeral Home Humansville, Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>10-16-1958</u> | 26. REGISTRAR'S SIGNATURE <u>Anna E. Perry</u> |

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 *Percy F. Melstee*

Licensed Embalmer No. *4805*

P. O. Address *Nevada, Mo*

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.