

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045087

STATE FILE NUMBER

FILED JAN 12 1959

Registration District No. 272

Primary Registration District No. 3908

Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>West Hammond</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Steele</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b <u>70 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>Rt 3</u>
3. NAME OF DECEASED (Type or print) First <u>Hale</u> Middle <u>Edgington</u> Last			4. DATE OF DEATH Month <u>12</u> Day <u>15</u> Year <u>58</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>6-12-1891</u>
9. AGE (In years last birthday) <u>67</u>		FUNDER 1 YEAR Month <u>6</u> Days <u>3</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Proc.</u>	11. BIRTHPLACE (City and state or country) <u>Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Jim Edgington</u>	
13b. MOTHER'S MAIDEN NAME <u>unknow</u>		14. NAME OF HUSBAND OR WIFE <u>Fannie Edgington</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Hale Edgington</u> Address <u>Steele, Mo</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>Gun-shot wound in head</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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 checked="" 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>Suicide - self inflicted.</u>	
20c. TIME OF INJURY Hour <u>8:15</u> p.m. Month, Day, Year <u>12-15-58</u>			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Store</u>	
20f. CITY, TOWN, OR LOCATION <u>Hammond, Camden, Mo</u>		COUNTY <u>Camden</u> STATE <u>Mo</u>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>8:15 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>James A. Deburn, Licensed</u>		22b. ADDRESS <u>Wardell, Mo.</u>	22c. DATE SIGNED <u>12-18-58</u>
23a. DATE OF REMOVAL (Specify) <u>12-18-58</u>	23b. NAME OF CEMETERY OR CREMATORY <u>Mt Zion</u>	23c. LOCATION (City, town, or county) (State) <u>Steele Mo</u>	
24. FUNERAL DIRECTOR <u>Hermon Funeral Home, Steele, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>1-5-59</u>	26. REGISTRAR'S SIGNATURE <u>L.H. Deburn</u>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Noel C. Deane.....

Licensed Embalmer No. 3941.....
P. O. Address Caruthersville.....

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.