

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000391

STATE FILE NUMBER

FILED FEB 6 1959

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <b>Butler</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Poplar Bluff</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Fisk</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lucy Lee Hosp.</b>		Length of stay in 1b <b>1Da</b>	d. STREET ADDRESS (If outside, give location) <b>6M1 S.E. of Fisk</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Leroy Curtis Edgerton</b>			4. DATE OF DEATH Month Day Year <b>1-6-59</b>		
5. SEX <b>Male</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>9-1-1893</b>	9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Months Days <b>6 5</b>
10a. USUAL OCCUPATION (Give kind of work done during month) <b>Electrical Repair</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Labor</b>	11. BIRTHPLACE (City and state or country) <b>Elgin Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Joseph H. Edgerton</b>		13b. MOTHER'S MAIDEN NAME <b>Eunice Lowe</b>		14. NAME OF HUSBAND OR WIFE <b>Eva Marie Edgerton</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> or unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. <b>490-09-2044</b>		17. INFORMANT Address <b>Eva Marie Edgerton, Fisk, Mo.</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>Apoplexy</b> DUE TO (b) <b>Hypertension</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Chronic indigestion</b>					INTERVAL BETWEEN ONSET AND DEATH <b>8 hrs.</b> <b>14 hours</b>
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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
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 STATE	
21. I attended the deceased from <b>15 Oct 58</b> , to <b>6 Jan 59</b> and last saw him alive on <b>6 Jan 59</b> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Cynthia A. Post M.D.</b>			22b. ADDRESS <b>Poplar Bluff, Mo.</b>		22c. DATE SIGNED <b>13 Jan 59</b>
23a. BURIAL CREMATION, REMOVAL (Specify)		23b. DATE <b>1-9-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Brown Chapel</b>		23d. LOCATION (City, town, or county) (State) <b>Butler, Co. Missouri</b>
24. FUNERAL DIRECTOR <b>J. C. White</b>		ADDRESS <b>Fisk, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>1/31/59</b>	26. REGISTRAR'S SIGNATURE <b>H. M. Lee</b>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300  
-57

Health, Welfare  
Public Service

**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 *Raymond L. Duffee*

Licensed Embalmer No. *4798*  
P. O. Address *Berne, N.J.*

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.