

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009864  
STATE FILE NUMBER

FILED APR 8 1959 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 179

300  
-57

3

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Webb City 0492
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Wisconsin & Roland Sts.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 101 1/2 N. Main St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Allen E. Edge			4. DATE OF DEATH Month Day Year March 26, 1959			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 22, 1904		9. AGE (In years last birthday) 54 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Webb City, Mo.		
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Samuel Edge		13b. MOTHER'S MAIDEN NAME Lula Rusk		
14. NAME OF HUSBAND OR WIFE		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. 444-05-3799		
17. INFORMANT Warren Edge		Address Webb City, Mo.				

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>Fracture compound skull with brain</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Instantaneous</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Fracture cervical spine lacerations</u>			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>9108</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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>Slip (water &amp; sewer) curb in with man</u>	
20c. TIME OF INJURY Hour 1:30 Min. 30 p.m. 3-26-59		20d. PLACE OF INJURY (e.g., in or about home, law, factory, street, office, bldg., etc.) <u>near Wisconsin &amp; Roland Sts.</u>	

20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Joplin		COUNTY Jasper		STATE Mo.	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>about 1:30 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							

22a. SIGNATURE <u>Wendell M. Gorman</u> (Degree or title)			22b. ADDRESS <u>Med. Bldg. Joplin</u>			22c. DATE SIGNED <u>3/27/59</u>		
--	--	--	--	--	--	------------------------------------	--	--

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3/30/59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Joplin Memorial Park</u>		23d. LOCATION (City, town or country) (State) <u>Joplin Mo</u>	
--	--	-----------------------------	--	---	--	---	--

24. FUNERAL DIRECTOR <u>Johnston-Arnice-Simpson</u> Webb City, Mo.		25. DATE RECD. BY LOCAL REG. <u>4-3-1959</u>		26. REGISTRAR'S SIGNATURE <u>Dove Merriam</u>	
--	--	---	--	--	--

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

**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 *Harvey E. Linn*

Licensed Embalmer No. *4463*

P. O. Address *West City*

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.