

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-020957

FILED JUL 7 1959

Registration District No. 28

Primary Registration District No. 2000

Registrar's No. 591

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY WRIGHT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Length of stay in 1b 2 weeks	c. CITY OR TOWN GRAND Spring Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION BURGER Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS None (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MARTHA Middle ELLEN Last EDGERTON			4. DATE OF DEATH Month 6 Day 15 Year 1959		
5. SEX Female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/21/1870	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months 7 Days 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) WRIGHT Co. MO		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME A. H. Hawkins		13b. MOTHER'S MAIDEN NAME MARY RANDOLPH		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address Hospital Records		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **'Renal Arteriosclerosis with insufficiency**

INTERVAL BETWEEN ONSET AND DEATH **1 mo**

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)

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____ a.m. _____ p.m. Month, Day, Year _____		
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 **May 29, 1959** to **June 15, 1959** and last saw ^{her}him alive on **June 15, 1959**
Death occurred at **2:15 P.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) A. M. Kingman M.D.		22b. ADDRESS 1630 N. Jefferson, Springfield, Mo		22c. DATE SIGNED 6-26-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6/18/59	23c. NAME OF CEMETERY OR CREMATORY BRANMALL Cem.	23d. LOCATION (City, town, or county) (State) WRIGHT Co. MO.	
24. FUNERAL DIRECTOR John L. Hartzel		25. DATE RECD. BY LOCAL REG. 6-29-59	26. REGISTRAR'S SIGNATURE Effie S. Melton	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

THIS IS TO CERTIFY THAT THE BODY OF _____
DECEASED _____
WAS EMBALMED BY _____
ON _____

DATE - 12 - 1901
PLACE HERE THE NAME OF THE DECEASED
AND THE DATE OF DEATH
AND THE NAME OF THE EMBALMER
AND THE DATE OF EMBALMING

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____ Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *R. L. Barber*

Licensed Embalmer No. 384

P. O. Address 1000 Gene

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.