

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024448

FILED VS AUG 10 1959

Registration District No. 21 Primary Registration District No. 4107 Registrar's No. 33

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Cedar		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN El Dorado Springs		a. STATE Missouri b. COUNTY Cedar		c. CITY OR TOWN El Dorado Springs	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.F.D.2		Length of stay in 1b		d. STREET ADDRESS (If outside, give location) R.F.D. 2		Inside Limits	
3. NAME OF DECEASED (Type or print)		First Denzil		Middle Edgar		Last Emmons	
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 9-9-1911	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Agent		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Stockton, Mo.		9. AGE (last birthday) 47	
13a. FATHER'S NAME Orlando Emmons		13b. MOTHER'S MAIDEN NAME Pearl Montgomery		4. DATE OF DEATH August 1, 1959			
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.		17. INFORMANT Pearl Emmons, El Dorado Springs, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) congestive circulatory failure						2 1/2 hrs	
DUE TO (b) Decompensated arteriosclerotic heart disease						ys	
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) rheumatoid arthritis for 33 yrs						PART III. If deceased was female was there a pregnancy in last 90 days.	
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.)							
20c. TIME OF INJURY Hour 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 August 1, 1959 to August 1, 1959 and last saw her alive on Aug. 1, 1959							
Death occurred at 12 noon m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Wm C Sunderman, D.O.				22b. ADDRESS El Dorado Springs, Mo,		22c. DATE SIGNED 8-3-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-4-1959		23c. NAME OF CEMETERY OR CREMATORY Clintonville Cemetery		23d. LOCATION (City, town, or county) Cedar Co., Missouri (State)	
24. FUNERAL DIRECTOR ADDRESS Gwinn-Carothers, El Dorado Spgs, Mo				25. DATE RECD. BY LOCAL REG. 8-3-59		26. REGISTRAR'S SIGNATURE George Mafu	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 17 1959

**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 Floyd E. Caruth

Licensed Embalmer No. 4419

P. O. Address E. Dorado Sp

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.