

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-033173**

**FILED VS OCT 7 1959**

STATE FILE NUMBER

Registration District No. 243 Primary Registration District No. 4364 Registrar's No. 30

ENDED

|   |  |   |   |   |   |   |  |   |  |  |  |  |  |   |  |
|---|--|---|---|---|---|---|--|---|--|--|--|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Newton</u>  |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> COUNTY <u>Newton</u>        |   |   |  |   |  |  |  |  |  |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Stella</u>   |  | Length of stay in 1b <u>48 yrs.</u>   |   | c. CITY OR TOWN <u>Stella</u>   |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |   |  |  |  |  |  |   |  |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At home</u>  |  |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   | d. STREET ADDRESS (If outside, give location) |   | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |   |  |  |  |  |  |   |  |
| 3. NAME OF DECEASED (Type or print) First <u>Cora</u> Middle <u>Constance</u> Last <u>Edmondson</u>   |  |   |   | 4. DATE OF DEATH Month <u>September</u> Day <u>11</u> Year <u>1959</u>  |   |   |  |   |  |  |  |  |  |   |  |
| 5. SEX <u>Female</u>  |  | 6. COLOR OR RACE <u>White</u>   |   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |   | 8. DATE OF BIRTH <u>5.8.1887</u>  |  | 9. AGE (last birthday) <u>72</u>  |  | IF UNDER 1 YEAR Months <u>4</u> Days <u>3</u> Hours <u></u> Min. <u></u> |  | IF UNDER 24 HR Hours <u></u> Min. <u></u>  |  |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>  |  |   |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>  |   | 11. BIRTHPLACE (City and state or country) <u>McDonald Co. Mo.</u>                |  | 12. CITIZEN OF WHAT COUNTRY <u>USA</u>  |  |  |  |  |  |   |  |
| 13a. FATHER'S NAME <u>Glenn Jessee</u>  |  |   |   | 13b. MOTHER'S MAIDEN NAME <u>Sarah Senters</u>  |   |   |  | 14. NAME OF HUSBAND OR WIFE <u>Charles E. Edmondson</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. <u>None</u>   |   | 17. INFORMANT <u>Charles E. Edmondson</u> Address <u>Stella, Mo.</u>              |  |   |  |  |  |  |  |   |  |
| 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) <u>Medullary PARALYSIS</u>  |  |   |   |   |   |   |  |   |  | <u>MINUTE</u>  |  |  |  |   |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>CEREBRAL ANOXIA</u>  |  |   |   |   |   |   |  |   |  | <u>MINUTES</u>   |  |  |  |   |  |
| DUE TO (c) <u>MYOCARDIAL FAILURE</u>  |  |   |   |   |   |   |  |   |  | <u>MINUTES</u>   |  |  |  |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>ARTERIOSCLEROTIC HEART DISEASE</u>   |  |   |   |   |   |   |  | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |  |  |  |  |   |  |
| 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 <u></u> Month, Day, Year <u></u>   |  | 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 <u>3-4-58</u> to <u>8-31-59</u> and last saw her alive on <u>8-31-59</u><br>Death occurred at <u>4:00</u> <u>A.</u> on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |   |   |   |   |  |   |  |  |  |  |  |   |  |
| 22a. SIGNATURE <u>C. P. Mohrman</u> (Degree or title) <u>D.D.</u>   |  |   |   |   |   | 22b. ADDRESS <u>Stella, Mo.</u>   |  |   |  | 22c. DATE SIGNED <u>9-14-59</u>  |  |  |  |   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 23b. DATE <u>9-13-59</u>  |   | 23c. NAME OF CEMETERY OR CREMATORY <u>Union Cem.</u>  |   |   |  | 23d. LOCATION (City, town, or county) (State) <u>Stella, Mo.</u>  |  |  |  |  |  |   |  |
| 24. FUNERAL DIRECTOR <u>W. Morris Pope, M.D.</u> ADDRESS <u></u>  |  |   |   |   | 25. DATE RECD. BY LOCAL REG. <u>10-1-59</u>   |   |  | 26. REGISTRAR'S SIGNATURE <u>Mildred Moberly</u>  |  |  |  |  |  |   |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Wm Morris Payne

Licensed Embalmer No. 3442

P. O. Address Whitman

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.