URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–039647
STATE FILE NUMBER

FILED VS DEC 7 1959 / 28 Registration District No. Primary Registration District No. 2000 Registrar's No. 1286

ENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Springfield — Length of stay in 1b: 3 months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. John's Hospital — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Greene
c. CITY OR TOWN: Springfield — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 633 E. Cherry — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: ELLIOTT Middle: BARD Last: EDIE

4. DATE OF DEATH: Month November Day 26 Year 1959

5. SEX: Male
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: July 25, 1879
9. AGE (last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Medical Doctor
10b. KIND OF BUSINESS OR INDUSTRY: Medical Practice
11. BIRTHPLACE (City and state or country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: William A. Edie
13b. MOTHER'S MAIDEN NAME: Lilly Bard
14. NAME OF HUSBAND OR WIFE: Mabel D. Edie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Mrs Mabel D. Edie, Address: Springfield, 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): arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: several years
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 [ ] NO [✓]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 [ ] NOT WHILE AT WORK [ ]
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 8-7-59, to 11-26-59 and last saw him alive on 11-26-59
Death occurred at 10:45 p m m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Elmer M. Powell (Degree or title) M.D.
22b. ADDRESS: 609 Cherry-Springfield, Mo.
22c. DATE SIGNED: 11-30-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Dec 2, 1959
23c. NAME OF CEMETERY OR CREMATORY: National Cemetery
23d. LOCATION (City, town, or county) (State): Springfield, Missouri

24. FUNERAL DIRECTOR: Jewell E. Windle & Son ADDRESS: Springfield, Mo.
25. DATE RECD. BY LOCAL REG.: 12-1-59
26. REGISTRAR'S SIGNATURE: Effie B. Melton

(Licensed Embalmer's Statement on Reverse Side)

VS DEC 7 1959

JAN 19 1962

DEC 29 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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Robert E. Mahlema

Licensed Embalmer No. 4916

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.