URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-040601

STATE FILE NUMBER

FILED VS DEC 1 1959 156

Registration District No. 1959 156 Primary Registration District No. 2001 Registrar's No. 562

MENDED

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin — Length of stay in 1b: 1 day
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Freeman hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Carthage — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 312 N. Orner St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First WILLIAM Middle Last EDMONDS

4. DATE OF DEATH Month Day Year Nov. 25, 1959

5. SEX male
6. COLOR OR RACE Negro
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 1-11-69
9. AGE (last birthday) 90 — 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) retired construction worker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) McNary, Tenn
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Gaston Edmonds
13b. MOTHER'S MAIDEN NAME Mahlie
14. NAME OF HUSBAND OR WIFE Annie J. Edmonds

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Annie Edmonds, 312 N. Orner, Carthage, 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) Heart Failure, Acute — INTERVAL BETWEEN ONSET AND DEATH: 3 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cataract Eye Surgery — 2 6 hrs before
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility
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 Nov. 23, to Nov. 25 and last saw him alive on 1 PM Nov. 24, 1959
Death occurred at 1:20 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John D. Woodson MD
22b. ADDRESS 6th & Pearl, Joplin, Mo
22c. DATE SIGNED 11-27-59

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 11-28-59
23c. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
23d. LOCATION (City, town, or county) (State) Carthage, Mo

24. FUNERAL DIRECTOR ADDRESS KNELL MORTUARY Carthage, Mo
25. DATE RECD. BY LOCAL REG. 11-27-1959
26. REGISTRAR'S SIGNATURE Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

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_____ Signed Robert H Knell

Signature of Student Embalmer

Licensed Embalmer No. 4459

P. O. Address Carthage

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.