URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-041474

FILED VS DEC 8 1959

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. — Registrar's No. 448

ENDED

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY St. FRANCOIS
c. CITY OR TOWN Esther, Mo. — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 309 Ninth St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First EDWARD Middle H. Last DAY

4. DATE OF DEATH Month Nov Day 20, Year 1959

5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH JAN 14 1897
9. AGE (last birthday) 62 — 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
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Ft. COLLINS COLORADO
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME UNKNOWN
13b. MOTHER'S MAIDEN NAME LOUISE HIXON
14. NAME OF HUSBAND OR WIFE Ethel DAY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, [illegible] dates of service) YES WWI WWII 5-22-17 to 8-30-19
16. SOCIAL SECURITY NO. 516-09-5793
17. INFORMANT Ethel DAY Address Esther, 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) Presumed to be natural causes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) (Investigated by Berl Miller, Coroner
DUE TO (c) of St. Francois County, Missouri)

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 _____, to _____ and last saw her/him alive on _____
Death occurred at Abt. 9:00 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Esther Rudloff (Degree or title) Local Registrar
22b. ADDRESS Realty Bldg., Farmington, Mo.
22c. DATE SIGNED 11/24/59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE Nov 24, 1959
23c. NAME OF CEMETERY OR CREMATORY Wood LAWN CEM
23d. LOCATION (City, town, or county) LEADINGTON (State) MO.

24. FUNERAL DIRECTOR R. CALDWELL & SONS ADDRESS FLAT RIVER, MO.
25. DATE RECD. BY LOCAL REG. Nov. 24, 1959
26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

JAN 26 1960

**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 Donald Dale Caldwell, Student Embalmer No.

working under my personal supervision.

Student Donald Dale Caldwell. Signed R. Caldwell

Signature of Student Embalmer

Licensed Embalmer No. 2531

P. O. Address Flat River

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.