

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018275

FILED VS. JUN. 9 1960 11

Registration District No. _____ Primary Registration District No. 5041 Registrar's No. 52

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Barry</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN xxx <u>Flatoreek</u>		a. STATE <u>Missouri</u> COUNTY <u>Barry</u>		c. CITY OR TOWN <u>Cassville</u>	
Length of stay in 1b <u>life</u>		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print)		First <u>FLOYD</u> Middle <u>F.</u> Last <u>EDENS</u>		4. DATE OF DEATH		Month <u>May</u> Day <u>24</u> Year <u>1960</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-29-1894</u>	9. AGE (last birthday) <u>65</u>	IF UNDER 1 YEAR	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>		11. BIRTHPLACE (City and state or country) <u>Barry County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Columbus W. Eden</u>			13b. MOTHER'S MAIDEN NAME <u>Tennessee Vanzandt</u>		14. NAME OF HUSBAND OR WIFE <u>Thelma (Sula) Edens</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>488-24-2755</u>		17. INFORMANT <u>Mrs. Sula Edens-Cassville, Missouri</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>Adenocarcinoma of liver, probably meta-static. Site of origin unknown. Diagnosis by needle biopsy of liver</u>						<u>unknown</u>	
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.	
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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		Month, Day, Year					
Hour a.m. p.m.							
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>Mar 17, 1960</u> to <u>May 24, 1960</u> last saw him alive on <u>May 22, 1960</u>		Death occurred at <u>5:45 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Robert R. Dyer M.D.</u> (Degree or title)			22b. ADDRESS <u>Monett, Mo.</u>			22c. DATE SIGNED <u>5/26/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-26-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Corinth Cemetery</u>		23d. LOCATION (City, town, or county) <u>Barry County, Missouri</u>		(State)	
24. FUNERAL DIRECTOR <u>Culver's</u>		ADDRESS <u>Cassville, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>5-31-1960</u>		26. REGISTRAR'S SIGNATURE <u>Grace Welhausen</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 *Margaret C. Hember*

Licensed Embalmer No. 4389

P. O. Address Cassville

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.