

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031781

FILED VS AUG 30 1960

Registration District No. 216 Primary Registration District No. \_\_\_\_\_ Registrar's No. 328

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>St Francois</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <b>Mo</b> b. COUNTY <b>St Francois</b> (mission)							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cantwell</b>		Length of stay in 1b <b>2 months</b>		c. CITY OR TOWN <b>Cantwell, Mo</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>highway 67</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Box # 26</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First <b>Freda</b> Middle <b>Evelyn</b> Last <b>Edleman</b>				4. DATE OF DEATH Month <b>Aug</b> Day <b>22</b> Year <b>1960</b>							
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>6-19-1916</b>		9. AGE (last birthday) <b>44</b>		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>East Bonne Terre</b>		12. CITIZEN OF WHAT COUNTRY <b>US</b>				
13a. FATHER'S NAME <b>George Pullen</b>			13b. MOTHER'S MAIDEN NAME <b>Jennie Crocker</b>			14. NAME OF HUSBAND OR WIFE <b>Marshall Edleman</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Marshall Edleman, Cantwell, Mo Box 26</b> Address						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Overwhelming infection.</b>								INTERVAL BETWEEN ONSET AND DEATH <b>12 hours</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Diabetes mellitus</b>								Several years.			
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 checked="" 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 _____ a.m. _____ p.m.		Month, Day, Year									
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 <b>1955</b> to <b>Aug. 22, 1960</b> and last saw her <sup>her</sup> alive on <b>Aug. 22, 1960</b>				Death occurred at <b>12:45</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Jack Pullen, M.D.</i> (Degree or title)				22b. ADDRESS <b>Bonne Terre, Missouri</b>				22c. DATE SIGNED <b>8/23/60</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Aug 25, 1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>St. Francois Memorial Park</b>		23d. LOCATION (City, town, or county) (State) <b>St. Francois Co., Mo.</b>					
24. FUNERAL DIRECTOR <b>C.Z. Boyer &amp; Son, Inc., Bonne Terre, Mo</b> ADDRESS				25. DATE RECD. BY LOCAL REG. <b>Aug 24, 1960</b>		26. REGISTRAR'S SIGNATURE <i>Esther Rudloff</i>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 31 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  
or by Burlin T<sup>D</sup>oyer, Jr, Student Embalmer No. 599

working under my personal supervision.

Student Burlin T. Boyer, Jr.  
Signature of Student Embalmer

Signed B. T. Boyer

Licensed Embalmer No. 3660

P. O. Address Desloge, Mo.

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