

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-028091

STATE FILE NUMBER

AMENDED

Registration District No. 352 Primary Registration District No. 4517 Registrar's No. 76

FILED AUG 8 1961

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| 1. PLACE OF DEATH<br>a. COUNTY <u>Lamy</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>Lamy</u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Branson</u>                |  | Length of stay in lb<br><u>9 day</u>  | c. CITY OR TOWN <u>Pauwate</u><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Skaggs Hosp.</u> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>Pauwate</u><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print)<br>First <u>Martha</u> Middle <u>E.</u> Last <u>Edwards</u> |  |  | 4. DATE OF DEATH<br>Month <u>July</u> Day <u>14</u> Year <u>1961</u> |  |  |
|---|--|--|--|--|--|

|                  |                           |   |                                      |                                     |   |  |
|------------------|---------------------------|---|--------------------------------------|-------------------------------------|---|--|
| 5. SEX <u>F.</u> | 6. COLOR OR RACE <u>W</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>5-12-1875</u> | 9. AGE (last birthday)<br><u>82</u> | IF UNDER 1 YEAR<br>Months <u>1</u> Days <u>27</u> | IF UNDER 24 HR<br>Hours <u></u> Min. <u></u> |
|------------------|---------------------------|---|--------------------------------------|-------------------------------------|---|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>school</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Housewife</u> | 11. BIRTHPLACE (City and state or country)<br><u>Mo</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u> |
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| 13a. FATHER'S NAME<br><u>unknown</u> | 13b. MOTHER'S MAIDEN NAME<br><u>unknown</u> | 14. NAME OF HUSBAND OR WIFE<br><u>deceased</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u> | 16. SOCIAL SECURITY NO.<br><u>none</u> | 17. INFORMANT<br><u>Leate Edwards Cedar Creek Mo</u><br>Address |
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|  |                                     |                                  |
|--|-------------------------------------|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY: |                                     | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>Cerebral Vascular Accident</u>  |                                     |                                  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.               | DUE TO (b) <u>Diabetes mellitus</u> |                                  |
| DUE TO (c)   |                                     |                                  |

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| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
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| 19. WAS AUTOPSY PERFORMED?<br>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.) |
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| 20c. TIME OF INJURY<br>Hour <u></u> Month, Day, Year <u></u><br>a.m. <u></u> p.m. <u></u> |
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|   |  |  |                              |
|---|--|--|------------------------------|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION<br><u>Branson Mo.</u> | COUNTY <u></u> STATE <u></u> |
|---|--|--|------------------------------|

21. I attended the deceased from July 1 - 1960 to July 14 and last saw her alive on July 14 1961  
Death occurred at 205 P on the date stated above, and to the best of my knowledge, from the causes stated.

|   |                                    |                                   |
|---|------------------------------------|-----------------------------------|
| 22a. SIGNATURE<br><u>Ray Sellinsie M.D.</u> (Degree or title) | 22b. ADDRESS<br><u>Branson Mo.</u> | 22c. DATE SIGNED<br><u>8/2/61</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 23b. DATE<br><u>7-17-61</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Edwards</u> | 23d. LOCATION (City, town, or county)<br><u>Branson Mo</u> |
|--|-----------------------------|--|--|

|   |                           |   |   |
|---|---------------------------|---|---|
| 24. FUNERAL DIRECTOR<br><u>Walter Cook Branson Mo</u> | ADDRESS <u>Branson Mo</u> | 25. DATE RECD. BY LOCAL REG.<br><u>8-4-61</u> | 26. REGISTRAR'S SIGNATURE<br><u>Martha Chase Deputy</u> |
|---|---------------------------|---|---|

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

SHOULD READ

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 me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Walter Cobb

Licensed Embalmer No. 4731

P. O. Address Princeton IN

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.