

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-51-040596

STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 191

FILED DEC 12 1961

1. PLACE OF DEATH a. COUNTY DUNKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY DUNKLIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KENNETT		Length of stay in 1b 2 HOURS	c. CITY OR TOWN MALDEN Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D. C. MEMORIAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 407 SOUTH DECATUR Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ROSCOE Middle V. Last EDMUNDSON	4. DATE OF DEATH Month NOV. Day 30 Year 1961
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5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-27-09	9. AGE (last birthday) 76 Yrs.	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) TENN.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME ETHRIDGE EDMUNDSON	13b. MOTHER'S MARRIAGE NAME WADE EDMUNDSON	14. NAME OF HUSBAND OR WIFE
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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) NO	17. INFORMANT Address MRS. J.D. WAGSTER MALDEN, MO.
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock, Traumatic		INTERVAL BETWEEN ONSET AND DEATH 4 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Multiple fracture of ribs 4 hrs	
	DUE TO (c) and fracture pelvis	

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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Hit by car
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20c. TIME OF INJURY Hour 6:00 <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year 11-30-61
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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.) Highway 25	20f. CITY, TOWN, OR LOCATION Malden	COUNTY Dunklin	STATE Mo
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21. I attended the deceased from Nov 30-61 to Nov 30, 61 and last saw him alive on Nov 30, 1961 Death occurred at 10:30 P. on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) Paul C. Mittenberger M.D.	22b. ADDRESS Kennett, Mo.	22c. DATE SIGNED 12-7-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12-3-61	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK	23d. LOCATION (City, town, or county) (State) MALDEN, MO.
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24. FUNERAL DIRECTOR ADDRESS DAY&KNIGHT FUNERAL SERV, MALDEN MO	25. DATE RECD. BY LOCAL REG. 12-9-1961	REGISTRAR'S SIGNATURE <i>Paul C. Mittenberger</i>
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

JAN 3 1962

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 J. J. Schuman
Licensed Embalmer No. 4086

P. O. Address Malden

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.