

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044228

STATE FILE NUMBER

AMENDED

DATE AWIENED

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO.

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1305

FILED JAN 2 1962

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		Length of stay in 1b <u>6 hrs.</u>	c. CITY OR TOWN <u>Walnut Grove</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Walnut Grove</u>
3. NAME OF DECEASED (Type or print) First <u>TRAVIS</u> Middle <u>EUGENE</u> Last <u>EDMONSON</u>			4. DATE OF DEATH Month <u>December</u> Day <u>22</u> Year <u>1961</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>10-24-1895</u> 9. AGE (last birthday) <u>66</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miller</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Walnut Grove - Mo</u>
10c. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Walter Edmonson</u>	13b. MOTHER'S MAIDEN NAME <u>Flora Jarrant</u>
13c. NAME OF HUSBAND OR WIFE <u>Minnie Edmonson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W.I</u>	
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute myocardial infarction</u> DUE TO (b) <u>Arteriosclerotic coronary thrombosis</u> DUE TO (c) <u>arteriosclerotic heart disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>10 hours</u> <u>10 hours</u> <u>2 years</u>	
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 checked="" 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 Hour <u>5:30 a.</u> Month, Day, Year <u>12/21/61</u>	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 <u>Springfield Mo</u> COUNTY <u>Greene</u> STATE <u>MO</u>
21. I attended the deceased from <u>12/21/61</u> to <u>12/22/61</u> and last saw her/him alive on <u>12/21/61</u> Death occurred at <u>5:30 a.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Angerbach MD</u>		22b. ADDRESS <u>Springfield Mo</u>	22c. DATE SIGNED <u>12/27/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-27-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Breadloom Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Walnut Grove - Mo.</u>
24. FUNERAL DIRECTOR <u>Doyle L. David</u> ADDRESS <u>Walnut Grove Mo</u>	25. DATE RECD BY LOCAL REG. <u>12-29-61</u>	26. REGISTRAR'S SIGNATURE <u>Effie S. Melton</u>	

JAN 3 1962

MAR 26 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 _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____
Joseph L. Lane

Licensed Embalmer No. 4702

P. O. Address Oshtemo

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.