

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-019892

STATE FILE NUMBER

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 45

FILED MAY 28 1963	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Howard</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fayette</u> Length of stay in lb <u>10 days</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Keller Memorial Hosp.</u> Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u></p> <p>c. CITY OR TOWN <u>New Franklin,</u> Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. STREET ADDRESS (If outside, give location) <u>308 E. Broadway</u> Residence on Farm <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>3. NAME OF DECEASED (Type or print) First Middle Last <u>Thomas Earl EDMONSTON</u></p> <p>4. DATE OF DEATH Month Day Year <u>May 21, 1963</u></p>	
<p>5. SEX <u>Male</u></p> <p>6. COLOR OR RACE <u>White</u></p> <p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p> <p>8. DATE OF BIRTH <u>Mar. 9, 1889</u> 74</p> <p>9. AGE (last birthday) IF UNDER 1 YEAR Months Days Hours Min. <u>74</u></p>	<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u></p> <p>10b. KIND OF BUSINESS OR INDUSTRY <u>Post Office</u></p> <p>11. BIRTHPLACE (City and state or country) <u>Cooper County, Mo.</u></p> <p>12. CITIZEN OF WHAT COUNTRY <u>USA</u></p>
<p>13a. FATHER'S NAME <u>Enoch Benton Edmonston</u></p> <p>13b. MOTHER'S MAIDEN NAME <u>Mattie Gentry</u></p>	<p>14. NAME OF HUSBAND OR WIFE <u>Ava Shaver</u></p>
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name or unknown) (If yes, give war or dates of service) <u>NO</u> <u>None</u></p> <p>17. INFORMANT Address <u>Mrs. Ava Edmonston, New Franklin, Mo.</u></p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p>PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Acute tubular necrosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u></p> <p style="text-align: center;">DUE TO (b) <u>protracted hypotension</u> <u>10 days</u></p> <p style="text-align: center;">DUE TO (c)</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p> <p>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</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p> <p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p> <p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p> <p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p> <p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p> <p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>	
<p>21. I attended the deceased from <u>May 11, 1963</u> to <u>May 21</u> and last saw him alive on <u>May 21</u></p> <p>Death occurred at <u>12:50</u> m on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) <u>M.P. Reed M.D.</u> 22b. ADDRESS <u>Fayette, Mo</u> 22c. DATE SIGNED <u>5/23/63</u></p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> 23b. DATE <u>May 23, 1963</u> 23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Vernon Cemetery</u> 23d. LOCATION (City, town, or county) <u>Pilot Grove, Missouri</u></p>	
<p>24. FUNERAL DIRECTOR ADDRESS <u>Markland - Hall New Franklin, Mo.</u> 25. DATE RECD. BY LOCAL REG. <u>5-23-63</u> 26. REGISTRAR'S SIGNATURE <u>Katherine Welch</u></p>	

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK

OR TYPEWRITER RIBBON

JUN 1 9 1966

1280  
00200

Permit issued 5-23-63

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**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 Tom D. Markland

Licensed Embalmer No. 4592

P. O. Address New Franklin, Mo.

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.