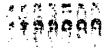
						SION OF HEALTH - STANDARD CERTIFICATE OF DEATH ODE 100 OF HEALTH - STANDARD CERTIFICATE OF DEATH ODE 100 OF HEALTH - STANDARD CERTIFICATE OF DEATH
DO NOT WRIT	E		MENDE			STATE FILE NUMBER Paistration District No. Registrat's No
VS 300 Rev. 4/59	1	DED 				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a: COUNTY Henry admission) b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY County County
1 a . r .		AMENDED		**		OR TOWN Windsor 4 days TOWN Windsor Yes 担 No.
2042		DATE,			i -	c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR HOSPITAL OR INSTITUTION Windsor Hospital Nes IX No I
3	-				3	3. NAME OF DECEASED First Middle Lest OF DECEASED Richard Walton Edmondson 4. DATE Month Day Year OF DEATH July 21, 1964
5 /	-					5. SEX Male White Widowed Divorced 3/23/1876 88 Months Days Hours
6	OWS					0a. USUAL OCCUPATION (Give kind of work done done during most of working life, even if retired) Rural Mail Carrier 3a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE
⁷ 0	FOLL				13	James W. Edmondson Hannah L. Tullis Addie Alma Edmondsor
9/20	RE AS					5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 105 N. Frances, you, or unknown) (16 yes, give, wat or dates of service) Spanish American 488-26-2957 Mrs. Addie Edmondson Windsor. Mc
10	<u> </u>	P		DOCUMENT		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) WE CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH (Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH (Enter only one cause per line for (a), (b), and (c).
$\frac{11}{123 - 0}$	RECC	INSTEAD		1000	,3	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) Arterios clerothe, Heart Disease 2 wells.
	- N				NO.	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 there a pregnancy in last 90.
	AMENDMENTS				CERTIFICATION	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
y Q	AMEN				EDICAL	YES NOW 20c. TIME OF Hout Month, Day, Year INJURY a.m. p.m.
BLACK INK OR RITER RIBBON					×	20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, with the property of the pr
		D READ		-		21. I attended the deceased from 3, to July 21, 1967 and last saw him alive on 1967. Poeth occurred at 3, 1967 m on the date stated above, and to the best of my knowledge, from the causes stated.
USE		SHOULD		Ö H	F	223 STGNATURE (Deglee or title) 22b. ADDRESS 22c. DATE SIGNATURE (Deglee or title) 22c. DATE SIGNATURE (Degl
		ON		AFFIDA	23	38. BURIAL, CRÉMATION, 235. DATE 23c. NAME OF CEMETERY OR CRÉMATORY 23d. LOCATION (City Town, or county) (State) REMOVAL (Specify) BUTIAL July 23. 1964 Laurel Oak Cemetery Windsor Missouri ADDRESS 125. DATE RECD. BY LOCAL REG. 126. REGISTRAR'S SIGNATURE
		ITEM		BY A	24	Clifford Gouge, Windsor, Mo. 25. Date RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 25. DATE RECD. BY LOCAL REG. RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 25. DATE RECD. BY LOCAL REC

(Licensed Embalmer's Statement on Reverse Side)

JUL 25 1364



STATEMENT BY LICENSED EMBALMER

by	, Student Embalmer No
orking under my personal supervision.	Signed
udent	Signed
Signature of Student Embalmer	•
	Licensed Embalmer No.
	P. O. Address / /

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.