

No. 300
10-48

FILED JUN 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16544

4220

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 139

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: number and name before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY OR TOWN <u>Clinton</u>		c. CITY OR TOWN <u>Calhoun</u>	
c. LENGTH OF STAY (in this place) <u>2 wks</u>		d. STREET ADDRESS (If rural, give location) <u>N. W. part of Town</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u>			
3. NAME OF DECEASED a. (First) <u>Eliza</u> b. (Middle) <u>Chlorine</u> c. (Last) <u>Edmondson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 28 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>July 8 1865</u>
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR <u>10</u> Months <u>20</u> Days	IF UNDER 4 HRS. <u>0</u> Hours <u>0</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	11. BIRTHPLACE (State or foreign country) <u>Monateau Co. Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>John T. Stampf</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Paxton</u>	14. NAME OF HUSBAND OR WIFE <u>deceased</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no none</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Floyd Wilcox Kansas City, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: <u>Cerebral hemorrhage</u> DUE TO (b) <u>8 days</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____			<u>321X</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>2-8-50</u> , to <u>5-28, 1950</u> , that I last saw the deceased alive on <u>5/28, 1950</u> , and that death occurred at <u>8:45</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>R. D. Powell D.O.</u>		23b. ADDRESS <u>Clinton Mo 5/29/50</u>	
23c. DATE SIGNED _____			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 30 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>May 30 50</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>	
25. FUNERAL DIRECTOR'S SIGNATURE _____		ADDRESS _____	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 6-7-50
District Health Officer No. 7,
District File Number 5-50-612
Date Filed 6-7-50

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 _____
Student Embalmer

Signed _____

Licensed Embalmer No. 4580

P. O. Address _____

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 this body is not embalmed, fact should be so stated above.