

No. 2
-11-10-35
5-17-35
-1 X21492

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24467

State File No. _____

Registrar's No. 168

Registration District No. # 1

Primary Registration District No. 3001

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Keokville Mo.
(c) Name of hospital or institution: Laughlin Hospital
(d) Length of stay: In hospital or institution 4 weeks
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knoff
(c) City or town Edna Mo
(d) Street No. _____
(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day thirteenth
year 1940 hour fifth minute 30 A. M.
21. I hereby certify that I attended the deceased from June 3
1940, to July 13, 1940;
that I last saw him alive on July 12, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute cardiac dilatation following aortic stenosis of 19 years standing
Due to: Toxic dementia due to a stricture of sigmoid colon.
Due to: _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

3 While at work? _____ (Specify type of place) _____
(e) Means of injury _____
23. Signature Wm. C. Kelly (M. D. or other) P.O.
Address Laughlin Hospital Date signed 7/13/40

3. (a) PRINT FULL NAME Leonard Jackson Edmonston

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M - 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Wine Shelton 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased August 26 1880
(Month) (Day) (Year)

8. AGE: Years 59 Months 10 Days 15 If less than one day hr. _____ min. _____

9. Birthplace Calloway Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Electrician

11. Industry or business _____

12. Name Charlie Edmonston D

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name Mary Fish

15. Birthplace Boone County
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Leonard Edmonston
(b) Address Edna, Mo.

17. (a) Burial (b) Date thereof July 15 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leuville - Edna
18. (a) Signature of funeral director Robert Anderson
(b) Address Edna Mo
19. (a) July 16/40 (b) Spencer L. Neeman
(Date received local registrar) (Registrar's signature)

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

5

RECEIVED

District Health Officer No. 10

District File Number 8-40-1640

Date Filed AUG 15 1940

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Keith Anderson

Licensed Embalmer No. 24151

P. O. Address Edina, Minn.

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, above space should be left blank.