

FILED AUG 25 1948

Registration District No. 286

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5725

State File No. 26991

Registrar's No. 358

1. PLACE OF DEATH:

(a) County Macon county  
 (b) City or town Macon, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Hildreath Sanatorium  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Two weeks  
(Specify whether years, months or days)  
 In this community Entire life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby  
 (c) City or town Clarence, Mo.  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8<sup>th</sup>  
 year 1948 hour 2 minute 15 AM/PM  
 21. I hereby certify that I attended the deceased from July 23  
1948 to August 8<sup>th</sup> 1948  
 that I last saw him alive on August 7<sup>th</sup> 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
 Duration \_\_\_\_\_

Cerebral hemorrhage

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Cerebral arteriosclerosis  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

3. (a) PRINT FULL NAME Gilbert McKendree Edmonds

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lillie I. Edmonds 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased March 8th 1873  
(Month) (Day) (Year)

8. AGE: Years 75 Months 5 Days 0  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Shelby County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

12. Name Elias J. Edmonds

13. Birthplace Macon County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah E. Jackson

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

16. (a) Informant Mrs. Lillie I. Edmonds

(b) Address Clarence, Mo.

17. (a) Burial (b) Date thereof 8-11-1948  
(Burial, or cremation) (Month) (Day) (Year)

(c) Place: burial or cremation Maplewood, Clarence, Mo.

18. (a) Signature of funeral director Million & Barkalew

(b) Address Clarence, Mo.

19. (a) Aug 16/48 (b) Will McNeely  
(Date registered local registrar) (Registrar's signature)

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? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Andrew T. Dobb (M.D. or other) D.O.

Address Macon, Mo. Date signed 8-8-48

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

MOTHER, FATHER

RECEIVED

DEPARTMENT OF HEALTH & HUMAN SERVICES

STATE OF MARYLAND

State File Number 8-48-147

Date Filed AUG 23 1948

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..... *W. Hawkins*  
..... Licensed Embalmer No. *3498*  
..... P. O. Address..... *Shelton Md*

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.