S. No. 300
v. 10.48

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

FILED SEP 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25956

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 265

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
c. LENGTH OF STAY (in this place): 8 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Laughlin Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Shelby
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelbyville, Rural
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle): Jackson
c. (Last): Edmonds

4. DATE OF DEATH (Month) (Day) (Year): August 31, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 11, 1866
9. AGE (In years last birthday): 83 — If under 1 year: Months 1, Days 20; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Lentner, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Elias Edmonds
13b. MOTHER'S MAIDEN NAME: Sarah Jackson
14. NAME OF HUSBAND OR WIFE: Lutie Edmonds

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Mrs. Ralph Heems, Shelbyville, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prostatic hypertrophy and Nephritis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
N.P.N. 71 mg%
Multiple bladder calculi

19a. DATE OF OPERATION: 7-5-49
19b. MAJOR FINDINGS OF OPERATION: Suprapubic cystostomy with removal of stones
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-3-49, 19____, *to* 8-31-49, 19____, *that I last saw the deceased alive on* 8-31-49 19____, *and that death occurred at* 11:45 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Earl Laughlin Jr.
(Degree or title): D.O.
23b. ADDRESS: Kirksville, Mo.
23c. DATE SIGNED: 9-1-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8-31-49
24c. NAME OF CEMETERY OR CREMATORY: Bacon Chapel Cemet.
24d. LOCATION (City, town, or county) (State): Shelbyville, Mo.

DATE REC'D BY LOCAL REG.: 9-2-49
REGISTRAR'S SIGNATURE: Tate Lambert
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: E. P. Thompson, Shelbyville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED SEP 6 1949
District Health Officer No
District File Number 9-49-1
Date Filed SEP 6 1949

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, ~~under~~ .....

..... Student Embalmer No. .....,

working under my personal supervision.

Signed Clarence M. Billo

Signed .....
Student Embalmer

Licensed Embalmer No. 4375

P. O. Address Kirksville, 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 this body is not embalmed, fact should be so stated above.