

FILED MAY 1 1950 STANDARD CERTIFICATE OF DEATH

State File No. 12577  
Registrar's No. 393

BIRTH NO. REG. DIST. NO. 126 PRIMARY REG. DIST. NO. 200

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

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY OR TOWN <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b> <b>0396</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Burge Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>2329 N. Travis.</b> <b>0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>BETTY</b> b. (Middle) <b>JANE</b> c. (Last) <b>EDMONSON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4-24-50</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	
8. DATE OF BIRTH <b>August 14, 1907</b>		9. AGE (In years last birthday) <b>42</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	
11. BIRTHPLACE (State or foreign country) <b>Unknown</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	

13a. FATHER'S NAME <b>Philander Edmonson</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Porter</b>		14. NAME OF HUSBAND OR WIFE <b>—</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NA</b>		16. SOCIAL SECURITY NO. <b>—</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>444 Edmonson 2329 N. Travis Springfield Mo</b>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Probable embolus</b>			INTERVAL BETWEEN ONSET AND DEATH <b>sudden - 6-15 min</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Phlebitis, et. seq, mild extensive 1 + 2nd degree Burns</b>			since 8 Mar
		DUE TO (c) <b>arms, back, hips, legs -</b>			since 8 Mar
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>probable gent toxic condition</b>			

19a. DATE OF OPERATION <b>—</b>		19b. MAJOR FINDINGS OF OPERATION <b>no operation</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT (Specify) <b>HOME</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>at home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Springfield Greene Mo.</b>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <b>March 8 '50 approx 9 a.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>was making fire - dressing robe caught fire.</b>	
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22. I hereby certify that I attended the deceased from **March 8, 1950**, to **Apr 24, 1950**, that I last saw the deceased alive on **23 Apr**, 1950, and that death occurred **about 10 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Harold Knabb M.D.</b>		23b. ADDRESS <b>Springfield Mo.</b>		23c. DATE SIGNED <b>24 Apr 50</b>	
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-26-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Walnut Grove Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Springfield Mo</b>	

DATE REC'D BY LOCAL REG. <b>4-28-50</b>		REGISTRAR'S SIGNATURE <b>W. E. Handley M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Wm. Harold Knabb Walnut Grove</b>	
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AUG 2 1950

**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.

Signed \_\_\_\_\_

*Clarence M. Mottet*

Signed.....  
Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

*4005*

P. O. Address \_\_\_\_\_

*Ch. Mottet*

**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.