

FILED MAY 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16180

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 467

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield,	
c. LENGTH OF STAY (in this place) 53 Days		d. STREET ADDRESS (If rural, give location) 912 E. Elm St.;	
d. FULL NAME OF HOSPITAL OR INSTITUTION VA Hospital			

3. NAME OF DECEASED (Type or Print) Walter	a. (First)	b. (Middle) B.	c. (Last) Edmonson	4. DATE OF DEATH (Month) May (Day) 24 (Year) 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH September 5, 1897	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Architect	10b. KIND OF BUSINESS OR INDUSTRY Architect	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Clarence Edmonson	13b. MOTHER'S MAIDEN NAME Jamie Brown	14. NAME OF HUSBAND OR WIFE Minota Edmonson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Yes WWI & II	16. SOCIAL SECURITY NO. 467-12-7765	17. INFORMANT'S SIGNATURE OR NAME VA Hospital Records, Springfield, Mo. ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Failure	ii. OTHER SIGNIFICANT CONDITIONS Chronic Passive Congestion		
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Advanced Coronary Sclerosis DUE TO (c)			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that ~~I~~ ^{the VA} attended the deceased from **March 31, 1951**, to **May 24, 1951**, that ~~he~~ ^{she} died on the date stated above.

23a. SIGNATURE P. J. ESELE (Degree or title) M.D. CHIEF, PROFESSIONAL SERVICES	23b. ADDRESS VA Hospital, Springfield, Missouri	23c. DATE SIGNED 5/24/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 27, 1951	24c. NAME OF CEMETERY OR CREMATORY Hazelwood Cemetery	24d. LOCATION (City, town, or county) (State) Springfield, Mo
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DATE REC'D BY LOCAL REG. 5-25-51	REGISTRAR'S SIGNATURE W E Handley M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Edna Schmeyer ADDRESS Springfield, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 17 1942

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

James W. Wain

Licensed Embalmer No. *4650*

P. O. Address *Springfield, 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.