No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 9 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42090

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4238 Registrar's No. 77

1. PLACE OF DEATH
a. COUNTY: KNOX
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): EDINA
c. LENGTH OF STAY (in this place): 10 da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): GIBSON HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): La Belle R5 00
d. STREET ADDRESS (If rural, give location): 1

3. NAME OF DECEASED (Type or Print) a. (First): Minnie b. (Middle): Mary Ann c. (Last): Edmonston

4. DATE OF DEATH (Month) (Day) (Year): DEC. 20. 1951

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: DEC. 28, 1893
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months ___ Days ___ — IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Shelby-Co. Missouri USA
12. CITIZEN OF WHAT COUNTRY? U

13a. FATHER'S NAME: George Lewis
13b. MOTHER'S MAIDEN NAME: Sarah Styles
14. NAME OF HUSBAND OR WIFE:

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: L.B. Edmonston - La Belle, Mo

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of left ear & mastoid — INTERVAL BETWEEN ONSET AND DEATH: 1 year.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 1991
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* Aug 1, 1947, *to* Dec. 20, 1951, *that I last saw the deceased alive on* Dec. 20, 1951, *and that death occurred at* 8:20 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Harry L. McCracken (Degree or title) DO
23b. ADDRESS: La Belle Mo.
23c. DATE SIGNED: Dec 21/1951

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: DEC. 22-51
24c. NAME OF CEMETERY OR CREMATORY: STEFFENVILLE
24d. LOCATION (City, town, or county) (State): IN STEFFENVILLE, MO

DATE REC'D BY LOCAL REG.: Dec. 24/1951
REGISTRAR'S SIGNATURE: Nellie S. Nunnelley
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: T. Ball Ewing, Mo

(Licensed Embalmer's Statement on Reverse Side)

Date Received: DEC 28 1951
DISTRICT HEALTH OFFICE #2
District File Number 12-51-23
Date Filed: DEC 28 1951

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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~~ .....

working under my personal supervision.

Student Embalmer No. .....

Signed Keith Hudson

Signed .....
Student Embalmer

Licensed Embalmer No. 2415

P. O. Address Edina, Mis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.