

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7541

State File No.

FILED MAR 20 1952

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5135 Registrar's No. 116

1. PLACE OF DEATH a. COUNTY <u>Butler Ash Hill Twp</u>			2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>0</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rt. 1 Fisk, Mo.</u>		c. LENGTH OF STAY (In this place) <u>13 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>0</u>		d. STREET ADDRESS (If rural, give location) <u>Route 1 Fisk, Mo.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>			d. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Richard</u> c. (Last) <u>Edeline</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 1, 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12/28/1865</u>		9. AGE (In years last birthday) <u>86</u> IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer.</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Robert Edeline</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Carle</u>	14. NAME OF HUSBAND OR WIFE <u>Rose Edeline</u>	
--	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rose Edeline Route #1 Fisk, Mo.</u>	
--	-------------------------------------	--	--

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio Vascular Renal Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
--	--	--	--	----------------------------------

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>442X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	--	--	---

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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from July, 1946 to March, 1952, that I last saw the deceased alive on Mar 1, 1952, and that death occurred at 2:22 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. B. Billings</u>	23b. ADDRESS <u>Fisk, Mo.</u>	23c. DATE SIGNED <u>3/1/52</u>
--------------------------------------	-------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/3/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ash Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Butler County Mo.</u>
---	-------------------------	---	--

DATE REC'D BY LOCAL REG. <u>3-4-52</u>	REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Black's Mortuary Corning, Ark.</u>	
--	---	--	--

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

RECEIVED

MAR 18 1952

BUTLER CO. HEALTH CENTER

FILE No: 352-132

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

Roman Selig Jr.

Licensed Embalmer No. 562

P. O. Address Corning, Ark

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.