

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19307**

BIRTH NO. _____ REG. DIST. NO. **11** PRIMARY REG. DIST. NO. **5047** Registrar's No. **75**

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1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) Rural-Jenkins twp.		c. CITY (If outside corporate limits, write RURAL and give township) Rural-Jenkins twp.	
c. LENGTH OF STAY (In this place) 54 yrs.		d. STREET ADDRESS (If rural, give location) 3 mi. S. of Jenkins, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3 mi. S. of Jenkins, Mo.			

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) Thomas	b. (Middle) A.	c. (Last) Edgmond	(Month) (Day) (Year) June 15, 1952

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 10, 1889	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Farming & Labor	11. BIRTHPLACE (State or foreign country) Miller County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Sterling Edgmond	13b. MOTHER'S MAIDEN NAME Mildred Fulkerson	14. NAME OF HUSBAND OR WIFE Pearl Eden Edgmond
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Noel Stockton, Jenkins, Mo.	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant Hypertension		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Per. Nephritis		
	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 592x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 attended the deceased from Aug 1, 1951, to June 16, 1952, that I last saw the deceased alive on June 12, 1952, and that death occurred at 7 A.M., from the causes and on the date stated above.

23a. SIGNATURE W.D. Heron, M.D.	23b. ADDRESS Aurora Mo	23c. DATE SIGNED June 16-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-16-52	24c. NAME OF CEMETERY OR CREMATORY Clio Cemetery	24d. LOCATION (City, town, or county) (State) Barry County, Missouri
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DATE REC'D BY LOCAL REG. 6-23-1952	REGISTRAR'S SIGNATURE Grace Williams	25. FUNERAL DIRECTOR'S SIGNATURE W.C. Ross	ADDRESS Cassville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

REC'D
JUN 30 1957

JUL 2 1957

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 W. C. Koon

Licensed Embalmer No. 3459

P. O. Address Cassville, 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.