

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28860

State File No.

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MED SEP 15 1952

BIRTH NO. _____ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 4364 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>McDonagh</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stehba</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BETHPAGE</u> <u>0600</u>	
c. LENGTH OF STAY (In this place) <u>28yr</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CARDWELL HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u> b. (Middle) <u>Eileen</u> c. (Last) <u>Edmonds</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8-29-1952</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>5-9-1903</u>	9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>20</u>	IF UNDER 24 HRS. Hours <u>1</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>SAME</u>	11. BIRTHPLACE (State or foreign country) <u>JANE, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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12a. FATHER'S NAME <u>HERB BUNCH</u>	13b. MOTHER'S MAIDEN NAME <u>MARY WALKING</u>	14. NAME OF HUSBAND OR WIFE <u>GEO. D Edmonds</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sergey D Edmonds, Steba, Mo.</u>	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thrombosis of Arteries</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>This was diagnosed & treated at Columbia Mo</u> 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 <u>174X</u>	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 8-22, 1952, to 8-29, 1952, that I last saw the deceased alive on 8-29, 1952, and that death occurred at 6:30p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles W. McNeil</u> (Degree or title)	23b. ADDRESS <u>Steba Mo</u>	23c. DATE SIGNED <u>9-2-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8-31-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Stehba Mo</u>
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DATE REC'D BY LOCAL REG. <u>9-5-1952</u>	REGISTRAR'S SIGNATURE <u>Alpha Dyer</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>J. M. Humphrey</u>	ADDRESS <u>Steba Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District No. 952-172

Date Filed 9-8-52

WASHO, MISSOURI

JAN 11 1955

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 Wayne E. Humphrey
Licensed Embalmer No. 4262

P. O. Address Pineville, 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.