

FILED SEP 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32405

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>201</u>	PRIMARY REG. DIST. NO. <u>4372</u>	Registrar's No. <u>220</u>
1. PLACE OF DEATH a. COUNTY <u>NODAWAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>NODAWAY</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLEARMONT</u>		c. LENGTH OF STAY (in this place) <u>4 YRS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLEARMONT</u> <u>0740</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTHA</u>		b. (Middle) <u>ELIZABETH</u>	c. (Last) <u>EDMONDS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 25 1952</u>
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>SEPT. 7, 1876</u>	9. AGE (in years last birthday) <u>76</u> Months <u>0</u> Days <u>8</u> Hours <u>1</u> Min.
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>HOME</u>	11. BIRTHPLACE (State or foreign country) <u>MUSKINGHAM CO. OHIO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>FLETCHER KELLY</u>		13b. MOTHER'S MAIDEN NAME <u>MATILDA WHITE</u>	14. NAME OF HUSBAND OR WIFE <u>CHARLES V. EDMONDS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Charles V. Edmonds, Clearmont Mo</u> ADDRESS _____	
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES <u>Arterio Sclerosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u> <u>10 yrs</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</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)		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 <u>5/11</u> , <u>1952</u> , to <u>9/25</u> , <u>1952</u> that I last saw the deceased alive on <u>9/25</u> , <u>1952</u> , and that death occurred at <u>5 pm.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>C. W. Kirkland</u> (Degree or title)		23b. ADDRESS <u>Hopkins Mo</u>	23c. DATE SIGNED <u>9/26/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9-27-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CLARINDA</u>	24d. LOCATION (City, town, or county) (State) <u>CLARINDA IOWA</u>	
DATE REC'D BY LOCAL REG. <u>9 27 52</u>	REGISTRAR'S SIGNATURE <u>Bess Holt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. ...</u> ADDRESS <u>BURKINGTON Jc. Mo</u>		

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

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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.

Signed.....
Student Embalmer

Signed.....

J. H. [Signature]
Student Embalmer No.....
Licensed Embalmer No. *2968*
P. O. Address *Burl. Ind. 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.