

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34878**

71737  
FILED NOV 5 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>345</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkville</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>Macon, Mo.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>K.O.H.</u>				e. STREET ADDRESS (If rural, give location) <u>R. F. D. NO. 4</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anita</u>		b. (Middle) <u>Maurlene</u>		c. (Last) <u>Amedei</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-24-53</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. <del>MARRIED</del> NEVER MARRIED. <del>WIDOWED</del> DIVORCED (Specify) <u>XXXXXXXXXX</u>		8. DATE OF BIRTH <u>10-18-53</u>	
9. AGE (In years) <u>6 days</u>		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) _____		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Macon, Mo. R. F. D. N. 4</u>		12. CITIZEN OF WHAT COUNTRY? ---	
13a. FATHER'S NAME <u>Waldo Emedei</u>		13b. MOTHER'S MAIDEN NAME <u>Neva Santner</u>		14. NAME OF HUSBAND OR WIFE ---			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Waldo Emedei</u> <u>Macon, Mo. RFD</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Failure</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Kernicterus</u> DUE TO (c) <u>Encephalopathic Failure</u>  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 _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>7701</u>			
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 _____			
22. I hereby certify that I attended the deceased from <u>Oct 22, 1953</u> , to <u>Oct 24, 1953</u> that I last saw the deceased alive on <u>Oct 23, 1953</u> and that death occurred at <u>8:45 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Harold G. Mergel 2 D.O.</u>				23b. ADDRESS <u>K.O.H. Hospital, Kirksville Mo</u>		23c. DATE SIGNED <u>Oct 24, 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-25-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>East Oakwood Cen.</u>		24d. LOCATION (City, town, or county) (State) <u>Bevier, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>10-28-53</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. P. Edwards</u>		ADDRESS <u>Bevier, Mo.</u>	

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

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.....  
Signature of Student Embalmer

Signed.....  
*Henry G. Edwards*

Licensed Embalmer No. *196*

P. O. Address.....  
*Davis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.