

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35229**

No. 300  
10-48

FILED OCT 20 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **387** PRIMARY REG. DIST. NO. **4086** Registrar's No. **17**

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

1. PLACE OF DEATH a. COUNTY <b>Carroll</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Carroll</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Tina,</b>	c. LENGTH OF STAY (in this place) <b>77 years</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Tina,</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>home.</b>		d. STREET ADDRESS (If rural, give location) <b>Home.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>HATTIE</b> b. (Middle) <b>E</b> c. (Last) <b>EDMONDS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 13th, 1953</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>2 Aug. 1st, 1858</b>	9. AGE (In years last birthday) <b>95</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>13</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Same</b>	11. BIRTHPLACE (State or foreign country) <b>Burwick, Ill</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>John Mott,</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Louise Crane</b>	14. NAME OF HUSBAND OR WIFE <b>Isaac Edmonds,</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Francis L. Edmonds, Tina, Mo.</b>	ADDRESS <b>153X</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>15 mo</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma large bowel</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>None</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <b>SUICIDE</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>153X</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>10/15/53</b>	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 **Jan 1, 1953** to **13 Oct, 1953** that I last saw the deceased alive on **9 Oct, 1953** and that death occurred at **2:00 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>E. W. Allen MD</b>	23b. ADDRESS <b>Carrollton Mo</b>	23c. DATE SIGNED <b>15 Oct 53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10/15/1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Avalon</b>	24d. LOCATION (City, town, or county) (State) <b>Avalon, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>10-16-1953</b>	REGISTRAR'S SIGNATURE <b>Mrs Rex Henderson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Clifford W. Austin, Tina, Mo.</b>	ADDRESS
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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*Clifford W. Austin*

..... Licensed Embalmer No. **3233.**

P. O. Address **Tina, Missouri**

**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.**