

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3900

State File No.

No. 300
10.48

FILED FEB 17 1954 REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 15

0051

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

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Monett</u>		c. CITY OR TOWN <u>Monett</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 600 Dunn St.</u>		e. STREET ADDRESS (If rural, give location) <u>600 West Dunn St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ARTHUR</u> b. (Middle) <u>ERNEST</u> c. (Last) <u>EDSON</u>		4. DATE OF DEATH <u>FEB. 8, 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 16, 1888</u>
9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>22</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Postal Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Neosho, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Arthur Edson</u>	
13b. MOTHER'S MAIDEN NAME <u>Rachel Macy</u>		14. NAME OF HUSBAND OR WIFE <u>Emma Lux Edson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Emma Edson</u>		ADDRESS <u>Monett, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>4-201</u>	
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) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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>2-8-54</u> , 19 <u>54</u> , to <u>2-8-54</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>2-8-54</u> , 19 <u>54</u> , and that death occurred at <u>6:30 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Frank Kin</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Monett Mo</u>	
23c. DATE SIGNED <u>2-9-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>2/11/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F.</u>	
24d. LOCATION (City, town, or county) (State) <u>Monett, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. D. Buchanan</u>	
DATE REC'D BY LOCAL REG. <u>2-10-54</u>		REGISTRAR'S SIGNATURE <u>Katherine Henderson</u>	
ADDRESS <u>487-C</u>		ADDRESS <u>Monett Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

JUL 30 1954

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.....
Licensed Embalmer No. 3179

P. O. Address. Month.....

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.