

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10946**

FILED MAR 16 1954

BIRTH NO. _____ REG. DIST. NO. **355** PRIMARY REG. DIST. NO. **4520** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Texas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Texas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Summersville		c. CITY OR TOWN Summersville	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 4 yrs		e. STREET ADDRESS (If rural, give location) 1070	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) DANIEL c. (Last) EDMONDS			4. DATE OF DEATH (Month) (Day) (Year) March 3-1954
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Feb. 5-1884
9. AGE (In years last birthday) 70		10. UNDER 1 YEAR Days 0	11. UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lather		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Bolinger County, Missouri
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME James T. Edmonds		13b. MOTHER'S MAIDEN NAME Katheryn Stinet	14. NAME OF HUSBAND OR WIFE Ida Edmonds
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs James D Edmonds Rt 1 Smsville, Mo.
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) probable heart failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) over exertion DUE TO (c) excitement of house burning 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"/>
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 viewed on Mar. 3, 1954 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:24 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) James R. Leuby (Coroner)		23b. ADDRESS Calool, Mo.	23c. DATE SIGNED 3/3/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-6-54	24c. NAME OF CEMETERY OR CREMATORY City	24d. LOCATION (City, town, or county) (State) Summersville, Mo.
DATE REC'D BY LOCAL REG. 3-11-54	REGISTRAR'S SIGNATURE Anna Roberts 43370	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Duncan Funeral Home Mtn View, Mo.	

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 *Joe R. Lincan*.....

Licensed Embalmer No. *432*
P. O. Address *Mt. Union*.....

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.