

FILED MAY 3 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12627  
Registrar's No. 18

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1794 PRIMARY REG. DIST. NO. 5210

1. PLACE OF DEATH a. COUNTY <b>McDonald, Etkham</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>McDonald</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Stehba Rural</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Stehba, RT. 1 Etkham</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>6600 Etkham Dip</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>NONE</b>			
3. NAME OF DECEASED (First) <b>Rosa</b> (Middle) <b>Edmonds</b> (Last) <b>Edmonds</b>		4. DATE OF DEATH (Day) <b>4</b> (Month) <b>19</b> (Year) <b>1954</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>	8. DATE OF BIRTH <b>9-28-1874</b>
9. AGE (In years last birthday) <b>79</b>	10. UNDER 1 YEAR Months <b>6</b> Days <b>21</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>BETHPAGE Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</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	13a. FATHER'S NAME <b>WES. MARTIN</b>	
13b. MOTHER'S MAIDEN NAME <b>Mahinda McQuire</b>		14. NAME OF HUSBAND OR WIFE <b>C. E. Edmonds</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>C</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Onah Edmonds P. Etkham</b> 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>B. Pneumonia</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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. 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) (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 <b>Feb</b> , 19 <b>54</b> , to <b>Apr 19</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>Apr 19</b> , 19 <b>54</b> , and that death occurred at <b>11:55</b> a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>S. W. Brussel</b>		23b. ADDRESS <b>Pineville Mo</b>	23c. DATE SIGNED <b>4/26/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>4-21-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Union Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Stehba RT. 1 Mo</b>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>April 28 1954 O. E. Plummer</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>R. M. Humphrey</b> ADDRESS <b>Pineville Mo.</b>	

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

0600

4-28-1954

(Licensed Embalmer's Statement on Reverse Side)

JUN 16 1964

**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

*Mayne E. Humphrey*

Licensed Embalmer No. 4262

P. O. Address Princeton, N.J.

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.