

FILED AUG 31 1955

STANDARD CERTIFICATE OF DEATH

State File No. 25440

BIRTH NO.

REG. DIST. NO. 43

PRIMARY REG. DIST. NO. 3007

Registrar's No. 464

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. LENGTH OF STAY (In this place) 8 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dudley	
d. STREET ADDRESS (If rural, give location) 1001			
3. NAME OF DECEASED (Type or Print) Jesse		a. (First) b. (Middle) Cleveland c. (Last) Edmundson	
4. DATE OF DEATH (Month) (Day) (Year) Aug. 14, 1955			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 5, 1885
9. AGE (In years last birthday) 69		10. MONTH (Day) (Year) 10 9	11. IF UNDER 14 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired merchant		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Stoddard County, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S.			
13a. FATHER'S NAME Robert Elihue Edmundson		13b. MOTHER'S MAIDEN NAME Mollie Short	
14. NAME OF HUSBAND OR WIFE Sattie Edmundson			
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. none	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Sattie Edmundson, Dudley, Mo.		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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Neoplastic Pneumonia</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chronic Myocarditis</i> DUE TO (c) <i>Cerebral Sclerosis</i> 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) 345-X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 8-6, 1955, to 8-14, 1955, that I last saw the deceased alive on 8-14, 1955, and that death occurred at 6:50 P.M. from the causes and on the date stated above.			
23a. SIGNATURE <i>Frank E. Dinell</i>		23b. ADDRESS <i>Poplar Bluff, Mo.</i>	
23c. DATE SIGNED 8-17-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-16-55	
24c. NAME OF CEMETERY OR CREMATORY Dexter		24d. LOCATION (City, town, or county) (State) Dexter, Missouri	
DATE REC'D BY LOCAL REG. 8/22/55		REGISTRAR'S SIGNATURE <i>Ray 484</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Strickland-Rainey</i>		ADDRESS Dexter, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
AUG 29 1955

BUTLER CO. HEALTH CENTER

FILE No. _____

SEP 1 1955

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 Sucille Rainey

Licensed Embalmer No. 4683

P. O. Address Dexter, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.