S. No. 300
V. 10.48

FILED APR 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9589

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4262 Registrar's No. 29

1. PLACE OF DEATH
a. COUNTY: Knox
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Knox City
c. LENGTH OF STAY (In this place): 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION: Nelson Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Knox
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Edina
d. STREET ADDRESS (If rural, give location): 0 5210 0

3. NAME OF DECEASED (Type or Print)
a. (First): MAUDE
b. (Middle): ESTELLE
c. (Last): EDMONDS

4. DATE OF DEATH (Month) (Day) (Year): Apr. 10, 1956

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Feb 6, 1870
9. AGE (In years last birthday): 86 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Homekeeper
11. BIRTHPLACE (State or foreign country): Novelty, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Henry Hunter
13b. MOTHER'S MAIDEN NAME: Lavinda James
14. NAME OF HUSBAND OR WIFE: George M. Edmonds

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Margaret Waye — **ADDRESS**: Edina, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Arterio-Sclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arterio-Sclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death:* Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
4200
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 19 53 *to* Apr 10, 19 56, *that I last saw the deceased alive on* Apr 9, 19 56, *and that death occurred at* 5:00 PM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Waldo B. Jones MD
23b. ADDRESS: Knox City Mo
23c. DATE SIGNED: 4/11/56

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 12 Apr 1956
24c. NAME OF CEMETERY OR CREMATORY: Linville cemetery
24d. LOCATION (City, town, or county) (State): Edina, Missouri

DATE REC'D BY LOCAL REG.: Apr. 13-56
REGISTRAR'S SIGNATURE: Nelle A. Hunolt
25. FUNERAL DIRECTOR'S SIGNATURE: A. G. Turner — **ADDRESS**: Edina Mo

(Licensed Embalmer's Statement on Reverse Side)

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

150

APR 16 1956

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 Mrs J. W. Hudson

Licensed Embalmer No. 2972

P. O. Address Edina Mo.

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.