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FILED MAY 1 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14086

State File No.

BIRTH NO. REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 5818 Registrar's No. 22

1. PLACE OF DEATH
a. COUNTY Morgan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Morgan

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Moreau Township 32 Twp

c. CITY OR TOWN Versailles

d. Is residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 6 M. N. Versailles

e. STREET ADDRESS (If rural, give location) 6 M. N. E. Versailles

3. NAME OF DECEASED
a. (First) Anna b. (Middle) c. (Last) Edelman

4. DATE OF DEATH (Month) (Day) (Year) Apr. 23, 1956

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Dec. 19, 1875

9. AGE (In years) (If under 1 year last birthday) Months Days If under 24 hrs. Hours Min. 80 4 4

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Denmark, Iowa

12. CITIZENRY OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jeremiah Downs

13b. MOTHER'S MAIDEN NAME Amanda Williams

14. NAME OF HUSBAND OR WIFE No Record

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 ADDRESS Wm Edelman Versailles, 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cordis - renal Syndrome
DUE TO (c) Arterio Sclerosis
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
3 days
2 yrs
years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 442x

20. AUTOPSY. YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No

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 1940 to Apr 23, 1956, that I last saw the deceased alive on April 23, 1956 and that death occurred at 11:02 m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) J L Wickham M.D.

23b. ADDRESS M O Versailles Mo

23c. DATE SIGNED 4/26/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 26 Apr. 56

24c. NAME OF CEMETERY OR CREMATORY Mt Zion Cemetery

24d. LOCATION (City, town, or county) (State) Morgan Co., Missouri

DATE REC'D BY LOCAL REG. 4/26/56

REGISTRAR'S SIGNATURE J L Wickham

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. F. Kidwell Versailles, 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.....
Raymond C. Foster

Licensed Embalmer No. *H. 6. 6.*

P. O. Address *Wesport*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (If 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.