

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35102**

FILED OCT 22 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **295** PRIMARY REG. DIST. NO. **6012** Registrar's No. **270**

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Thomas Hill</b>		c. LENGTH OF STAY (in this place) <b>50 yrs.</b>	c. CITY OR TOWN <b>Thomas Hill</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>none Chariton Twp.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <b>none</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Madison</b>	b. (Middle) <b>Thomas</b>	c. (Last) <b>Edmond</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>October 14 1956</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>September 23, 1883</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR: Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>coal mining</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>coal mining</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>College Mound, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Henry Edmond</b>	13b. MOTHER'S MAIDEN NAME <b>Agnes Quinn</b>	14. NAME OF HUSBAND OR WIFE <b>Kate Edmond</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>493-03-1915</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Kate Edmond</b>	ADDRESS <b>Clifton Hill, Missouri</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>one hr.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive heart disease</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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **1-10-46**, to **10-14-56**, that I last saw the deceased alive on **10-14-56**, 19\_\_\_\_, and that death occurred at **5:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>R. Noel Raines</b>	(Degree or title) <b>D.O.</b>	23b. ADDRESS <b>Clifton Hill</b>	23c. DATE SIGNED <b>10-15-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>Oct. 17, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Thomas Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Thomas Hill, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Oct 18 - 56</b>	REGISTRAR'S SIGNATURE <b>Mary H. Bentley</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J.B. Patton &amp; Sons</b>	ADDRESS <b>Hunterville, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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..... *Paul Patton*

Licensed Embalmer No. *409*

P. O. Address *Huntsville*

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.