

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **5439**
Registration District No. **385** Primary Registration District No. **3039** Registrar's No. **218**

FILED MAR. 12 1957

Health, Welfare and Public Service

800-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related.

1. PLACE OF DEATH a. COUNTY LINN			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY LINN		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MARCELINE,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MARCELINE,		* Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 328 E CROCKER		Length of stay in lb 5 Mo.	d. STREET ADDRESS (If outside, give location) 420 W. WALKER		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ELIZABETH Middle EDMONIS Last WILLIAM			4. DATE OF DEATH 2/21/57 Month 2 Day 21 Year 57		
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 9/6/1885	9. AGE (In years last birthday) 71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and state or country) CLINTON, CO. MO.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME LAFAYETTE JONES			14. MOTHER'S MAIDEN NAME HELEN EMBREE - UNKNOWN		
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 ARTHUR WILLIAM MARCELINE, MO Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatous Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Bilateral Carcinoma of Breasts. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Pulm. Fibrosis due to x-radiation					INTERVAL BETWEEN ONSET AND DEATH approx 4 1/2 yrs
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour a. m. Month, Day, Year D. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from July 1954 to Feb 21 1957 and last saw her alive on Feb 21 1957 Death occurred at Ill A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE George Gary (Degree or title) 0			22b. ADDRESS Marceline Mo.		22c. DATE SIGNED 2-23-57
23a. BURIAL, CREMATION, REMOVAL (Specify) B	23b. DATE 2/23/57.	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet		23d. LOCATION (City, town, or county) (State) Marceline, Mo	
24. FUNERAL DIRECTOR James McLaughlin		ADDRESS Marceline, mo	25. DATE RECD. BY LOCAL REG. 2-23-57	26. REGISTRAR'S SIGNATURE Brookie Owens	

(Licensed Embalmer's Statement on Reverse Side)

MAR 12 1957

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 *George P. [Signature]* _____

Licensed Embalmer No. 44

P. O. Address *Muskegon*

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