

FILED FEB 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5154

BIRTH NO. _____		REG. DIST. NO. <u>187</u>		PRIMARY REG. DIST. NO. <u>3040</u>		Registrar's No. <u>63</u>				
1. PLACE OF DEATH a. COUNTY <u>Livingston</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>			c. LENGTH OF STAY (in this place) <u>48 hrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u> <u>0592</u>			d. STREET ADDRESS (If rural, give location) <u>1023 Elm St.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chillicothe hospital</u>										
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ellen</u>			b. (Middle)		c. (Last) <u>Edwards</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 17, 1957</u>			
5. SEX <u>Fem.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Apr. 6, 1876</u>		9. AGE (In years last birthday) <u>80</u>		10. AGE (In years last birthday) <u>80</u>	11. AGE (In years last birthday) <u>80</u>	12. AGE (In years last birthday) <u>80</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Livingston Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>William McCarthy</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>XX</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>XX</u>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank Conway, Chillicothe, Mo.</u>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, Terminal Bronchitis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>		
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arthritis Deformans</u>				8 yrs		
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)						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR						
22. I hereby certify that I attended the deceased from <u>Feb. 1, 1950</u> , to <u>Jan 17, 1957</u> , that I last saw the deceased alive on <u>Jan 16, 1957</u> , and that death occurred at <u>4:25A m.</u> from the causes and on the date stated above.										
23. SIGNATURE (Degree or title) <u>Joseph A. Conrad M.D.</u>				23b. ADDRESS <u>Chillicothe, Mo</u>		23c. DATE SIGNED <u>Jan 18-57</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Jan 19, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Catholic cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Chillicothe, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>1/18/57</u>		REGISTRAR'S SIGNATURE <u>Frances B Neill</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Donald L. ... Chillicothe Mo</u>						

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

FEB 21 1958

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 Richard W. Bandall

Licensed Embalmer No. 4866

P. O. Address Chillicothe 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.