

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013667
STATE FILE NUMBER

FILED MAY 6 1958

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 53

S. 300
v. 1-57

224

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Boonville, mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Pilot Grove</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Messinger Home</u>			Length of stay in lb <u>1 yr</u>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>EVA-NADINE-EDMONSTON</u>				4. DATE OF DEATH Month Day Year <u>April 21, 1958</u>				
5. SEX <u>Fe</u>		6. COLOR OR RACE <u>wh</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>May 22, 1876</u>		
9. AGE (In years, months, days) <u>81</u> years <u>10</u> months <u>29</u> days		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>		11. BIRTHPLACE (City and state or country) <u>New Lebanon, mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>	
13a. FATHER'S NAME <u>Garner Ebing</u>			13b. MOTHER'S MAIDEN NAME <u>Martha (unknown)</u>			14. NAME OF HUSBAND OR WIFE <u>C. F. Edmonston</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or service) <u>no</u>			16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT Address <u>Mrs. Russell Koontz, Pilot Grove, Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>GENERALIZED ARTERIOSCLEROSIS</u>						INTERVAL BETWEEN ONSET AND DEATH <u>4 YEARS</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						<u>4500</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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 Month, Day, Year a.m. p.m.								
20d. INJURY OCCURRED WHILE AT <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 <u>7/12/57</u> to <u>4/21/58</u> and last saw her alive on <u>4/17/58</u> Death occurred at <u>3:15 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Deceased or title) <u>William A. Clark, M.D.</u>				22b. ADDRESS <u>329 MAIN, BOONVILLE, MISSOURI</u>		22c. DATE SIGNED <u>4/23/58</u>		
23a. BURIAL, CREMATION, or DISPOSAL (Specify)		23b. DATE <u>April 23, 58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>New Lebanon Cme</u>		23d. LOCATION (City, town, county) (State) <u>Atterville, mo.</u>		
24. FUNERAL DIRECTOR ADDRESS <u>Boys - Painter, Pilot Grove, mo</u>				25. DATE RECD. BY LOCAL REG. <u>4/27/58</u>		26. REGISTRAR'S SIGNATURE <u>D. Hooper</u>		

(Licensed Embellisher's Statement on Reverse Side)

381

1958
MAY 6 9 AM

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 *Robert L. Painter*

Licensed Embalmer No. *4069*

P. O. Address *Pilot Grove*

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.