

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4173
5417
58-017738
STATE FILE NUMBER
REGISTRAR'S NO. 7

FILED MAY 22 1958 Registration District No. 103 Primary Registration District No. 5417 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Dunklin			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. COUNTY Dunklin		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hornersville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Hornersville Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in 1b Life	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 Bertha Middle V. Last Edmunds			4. DATE OF DEATH Month May Day 8th Year 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 4- 1900	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months 8 Days 4 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if temporary) Housewife - writer		10b. KIND OF BUSINESS OR INDUSTRY Newspaper	11. BIRTHPLACE (City and state or country) Hornersville Mo.		12. CITIZEN OF WHAT COUNTRY? D
13a. FATHER'S NAME H.T. Rust		13b. MOTHER'S MAIDEN NAME Elizabeth Arther		14. NAME OF HUSBAND OR WIFE Lee Edmunds	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 198-10-0037	17. INFORMANT Address Lee Edmunds Hornersville Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Carcinoma of breast DUE TO (c) 170X					INTERVAL BETWEEN ONSET AND DEATH 3 days 18 months
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 8/10/56 to 5/8/58 and last saw her alive on 5/8/58 Death occurred at 5/8/58 2.55 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE R. Palenka		(Degree or title) M.D. 0		22b. ADDRESS Hornersville Mo.	
22c. DATE SIGNED 5-12-58					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-10-58		23c. NAME OF CEMETERY OR CREMATORY Hornor Cemetery	
23d. LOCATION (City, town, or county) Hornersville Mo.					
24. FUNERAL DIRECTOR Lentz Service		ADDRESS Kennett Mo.		25. DATE RECD. BY LOCAL REG. 5-15-58	
26. REGISTRAR'S SIGNATURE Sue Palenka					

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

MEDICAL CERTIFICATION

RECEIVED DUNKLIN COU

DEPARTMENT 5-2

COUNTY FILE NUMBER

FEB

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 *Edgar Reed Lavel*

Licensed Embalmer No. 4433

P. O. Address Kennett 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.