

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035385
STATE FILE NUMBER

FILED OCT 24 1958 Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 138

300
1-56

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY BARRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BARRY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MONETT		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN CASSVILLE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Vincents Hosp.		Length of stay in lb 1 da.	d. STREET ADDRESS (If outside, give location) 605 West 7th.

3. NAME OF DECEASED (Type or print) First EVERETT Middle B. Last EDIE			4. DATE OF DEATH Month Oct. Day 9. Year 1958	
5. SEX Male	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 Dec. 5, 1907	
9. AGE (In years last birthday) 50		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Tractor Co.	11. BIRTHPLACE (City and state or country) Barry Co. Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME David Edie		
14. MOTHER'S MAIDEN NAME Norma Gautney		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. 557-14-2599		17. INFORMANT Address Norma Edie, Cassville, Missouri		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Undetermined <i>(due to injuries received in automobile accident 10-8-58)</i>		INTERVAL BETWEEN ONSET AND DEATH approx. 30 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
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 checked="" 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.) two car accident
20c. TIME OF INJURY Hour 8:55 Month 10 Day 8 Year 58	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U.S Hiway 166	20f. CITY, TOWN, OR LOCATION 3 Mi. W. of MtVernon, Lawrence, Mo.	COUNTY	STATE
21. I attended the deceased from 1950 to 10-9-58 and last saw him alive on 10-8-58 Death occurred at 4:15 A m on the date stated above; and to the best of my knowledge from the causes stated.				
22a. SIGNATURE <i>Mary Newman, M.D.</i>		22b. ADDRESS Cassville, Missouri	22c. DATE SIGNED 10-10-58	

23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	23b. DATE 10-13-58	23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	23d. LOCATION (City, town, or county) Cassville, Missouri	(State)
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24. FUNERAL DIRECTOR Doyle E. Williamson, Cassville, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 10-13-58	26. REGISTRAR'S SIGNATURE <i>Mrs P.O. Cook</i>
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BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 1058-207

DATE REC. 10-22-58

OCT 31 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.....
Signature of Student Embalmer

Signed W. E. Williams
Licensed Embalmer No. 489
P. O. Address Cassville

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