

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-014970

FILED VS. APR 25 1960/28

Primary Registration District No. Registrar's No. 428A

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>GREENE</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Walnut Grove</b>		Length of stay in 1b <b>4 yrs.</b>		c. CITY OR TOWN <b>Walnut Grove</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home "in town"</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>city</b>			
3. NAME OF DECEASED (Type or print) First <b>FLORA</b> Middle <b>TARRANT</b> Last <b>Edmonson</b>				4. DATE OF DEATH Month <b>April</b> Day <b>13</b> Year <b>1960</b>					
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>white</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>6-17-1870</b>			
9. AGE (last birthday) <b>89</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>SELF</b>		11. BIRTHPLACE (City and state or country) <b>Dadeville, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>William M. TARRANT</b>			13b. MOTHER'S MAIDEN NAME <b>Josephine King</b>			14. NAME OF HUSBAND OR WIFE <b>Walton Eugene Edmonson</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT <b>Cliff McDonald, Walnut Grove, Mo</b>		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) <b>CEREBRAL ACCIDENT</b> DUE TO (b) <b>ARTERIO SCLEROSIS</b> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <b>48 hrs</b> <b>5 yrs</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>SENILITY</b>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 : a.m. p.m.		Month, Day, Year							
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 <b>JAN 1958</b> to <b>APRIL 1960</b> and last saw her alive on <b>APRIL 12, 1960</b> Death occurred at <b>2:00 pm</b> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <b>W. R. Davis D.O.</b>				22b. ADDRESS <b>Walnut Grove Mo</b>		22c. DATE SIGNED <b>4-18-60</b>			
23. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)			
<b>BURIAL</b>		<b>4-16-60</b>		<b>Walnut Grove Cemetery</b>		<b>Walnut Grove, Mo.</b>			
24. FUNERAL DIRECTOR <b>Brim-Daniel &amp; Co, Walnut Grove, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>4-20-60</b>		26. POSTPAID SIGNATURE <b>Effie S. Mellon</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Ray E. Ireland*

Licensed Embalmer No. 5052

P. O. Address Helmont Grove

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