

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

--60-034597

FILED VS SEP 29 1960

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 104

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Iron</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Ironton</b>		Length of stay in 1b <b>2 1/2 Mo.</b>		c. CITY OR TOWN <b>Bismarck</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>St. Marys Hosp</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <b>OLLIE MAE EDMONDS</b>				4. DATE OF DEATH Month Day Year <b>Sept 14, 1960</b>					
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>5/11/1893</b>		9. AGE (last birthday) <b>67</b>	
						IF UNDER 1 YEAR		IF UNDER 24 HR	
						Months <b>4</b>		Days <b>2</b>	
						Hours		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Knob Lick, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>George Clemons</b>			13b. MOTHER'S MAIDEN NAME <b>Sarah Medley</b>			14. NAME OF HUSBAND OR WIFE <b>James Edmonds</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.		17. INFORMANT Address <b>Gladys Roux Flat River, Mo.</b>					
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>Intestinal obstruction</b>								INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>	
DUE TO (b) <b>possible intestinal neoplasm</b>								??	
DUE TO (c) <b>Ascites</b>								<b>1 month</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Coronary heart condition</b>								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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 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 Death occurred at <b>3:50 A. M.</b>		to <b>6-30-60</b>		to <b>9-14-60</b>		and last saw her <sup>her</sup> <del>him</del> alive on <b>9-14-60</b>			
22a. SIGNATURE <b>R.E. Farland m.d.</b> (Degree or title)		22b. ADDRESS <b>Ironton, Missouri</b>				22c. DATE SIGNED <b>9-20-60</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Sept. 16, 1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Masonic Cemetery</b>		23d. LOCATION (City, town, or county) <b>Bismarck, Mo.</b>		(State)	
24. FUNERAL DIRECTOR <b>Shipman and Sons Bismarck, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>9-20-60</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. Aris Jones</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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_, working under my personal supervision.

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

Signed Murphy Parks

Licensed Embalmer No. 4236

P. O. Address Hot Springs

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.