SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-012267
STATE FILE NUMBER

AMENDED

Registration District No. 337 Primary Registration District No. 4496 Registrar's No. 9

FILED APR 11 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Shelby
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Shelbyville,
Length of stay in 1b: 3 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Pleasant Hill Rest Home
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Shelby
c. CITY OR TOWN: Shelbina, Missouri
Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location):
Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: Sarah Middle: Ellen, Edmonson Last: Edmonson
4. DATE OF DEATH: Month: April Day: 1 Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married X Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-17-1867
9. AGE (last birthday): 94
IF UNDER 1 YEAR: Months 2 Days 14
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Housework
11. BIRTHPLACE (City and state or country): Camp Point, Illinois
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Edwin Edmonson
13b. MOTHER'S MAIDEN NAME: Kizzeah Farlow
14. NAME OF HUSBAND OR WIFE: Never Married
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: X
17. INFORMANT: Lawrence Edmonson Address: Clarence, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 3 days
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 May 1958, to present and last saw her alive on March 31, 1961
Death occurred at 9 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Chas A. Lichty MD
22b. ADDRESS: Shelbina Mo
22c. DATE SIGNED: 4/4/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-4-1961
23c. NAME OF CEMETERY OR CREMATORY: I.O.O.F
23d. LOCATION (City, town, or county) (State): Shelbina, Missouri

24. FUNERAL DIRECTOR: Barkelew & Davis ADDRESS: Shelbina, Mo.
25. DATE RECD. BY LOCAL REG.: Apr 8-61
26. REGISTRAR'S SIGNATURE: Ada Garrison

(Licensed Embalmer's Statement on Reverse Side)

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 James D. Davis

Licensed Embalmer No. 4478

P. O. Address Shelbiana

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.