

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043557

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 141 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**FILED NOV 26 1962**

1. PLACE OF DEATH  
a. COUNTY Newton  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Neosho Length of stay in lb Few Minutes  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sale Memorial Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY McDONALD  
c. CITY OR TOWN Anderson Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) NONE Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
Bessie Pearl Edmonds Nov. 19 1962

5. SEX FEMALE 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 2-4-1896 9. AGE (last birthday) 66 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Homemaking 11. BIRTHPLACE (City and state or country) Anderson, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME JAMES F. Chase 13b. MOTHER'S MAIDEN NAME UNKNOWN 14. NAME OF HUSBAND OR WIFE BEN Edmonds

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. NONE 17. INFORMANT BARBARA ORLOP Anderson Mo. 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) Coronary Thrombosis  
DUE TO (b) Coronary Heart Disease  
DUE TO (c) \_\_\_\_\_  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
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  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 1-10-50 to 11-19-62 and last saw her alive on 11-19-62  
Death occurred at 3<sup>00</sup> P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) M.D. 22b. ADDRESS Neosho Mo. 22c. DATE SIGNED 11-20-62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE Nov. 24, 1962 23c. NAME OF CEMETERY OR CREMATORY UNION 23d. LOCATION (City, town, or county) (State) McDONALD COUNTY Mo.

24. FUNERAL DIRECTOR Roller Funeral Home ADDRESS Anderson, Mo. 25. DATE READ BY LOCAL REG. 11-20-62 26. REGISTRAR'S SIGNATURE Naydere Belka

USE BLACK INK OR TYPEWRITER RIBBON

NOV 28 1962

**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 Waylan G. Mooney

Licensed Embalmer No. 5199

P. O. Address Anderson, 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.