

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029114

DO NOT WRITE ON THIS STUB
AMENDED

VS 300 Rev. 4/59	DATE AMENDED
1 6585	
2 0580	
3	
4 1	
5 0	
6	
7 0	
8 0	
9 7590	
10	
11	
12 2-0	
13 2-0	
	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
	INSTEAD OF
	SHOULD READ
	BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

Registration District No. 384 Primary Registration District No. 9092 Registrar's No. 496 STATE FILE NUMBER

FILED JUL 17 1963

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Brookfield</u>		Length of stay in 1b <u>10 Days</u>	c. CITY OR TOWN <u>Linn</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pershing Memorial Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>R. R. #3</u>
3. NAME OF DECEASED (Type or print) First <u>Vicki</u> Middle <u>Lyn</u> Last <u>Edmundson</u>		4. DATE OF DEATH Month <u>July</u> Day <u>9</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9/19/1959</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	9. AGE (last birthday) <u>3</u>
13a. FATHER'S NAME <u>George Herman Edmundson</u>		13b. MOTHER'S MAIDEN NAME <u>Beverly Ann Sallee</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>NO</u>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Beverly Edmundson</u> Address <u>P. R. 3 Linn, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonitis and bronchial obstruction</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>
DUE TO (b) <u>Pulmonary fibrosis</u>			<u>1 yr.</u>
DUE TO (c) <u>Cystic fibrosis</u>			<u>3 yr.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pericardial adhesions & hepatic cirrhosis</u>			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 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 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 <u>6-30-63</u> to <u>7-9-63</u> and last saw her/him alive on <u>7-9-63</u> Death occurred at <u>7:15</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>John R. Dyer MD</u> (Degree or title)		22b. ADDRESS <u>Bentley Ave</u>	22c. DATE SIGNED <u>7-9-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7/11/1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt Olive Cemetery</u>	23d. LOCATION (City, town, or county) <u>Purdin MO</u>
24. FUNERAL DIRECTOR ADDRESS <u>Ed. Robertson Funeral Home Laredo</u>		25. DATE RECD. BY LOCAL REG. <u>7-9-63</u>	26. REGISTRAR'S SIGNATURE <u>Anna Watson</u>

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

J. M. Robertson

Licensed Embalmer No. 4388

P. O. Address Laredo

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.