

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 8 - 1955

MISSOURI DEPARTMENT OF HEALTH  
State File No. 17661  
OIA DIVISION

BIRTH NO. _____		REG. DIST. NO. <u>13</u>		PRIMARY REG. DIST. NO. <u>3003</u>		Registrar's No. <u>84</u>	
1. PLACE OF DEATH a. COUNTY <u>Barry</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u> c. LENGTH OF STAY (in this place) <u>3 da.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>St. Vincent's Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. - If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washburn</u> d. STREET ADDRESS (If rural, give location) <u>6050</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FLORENCE</u> b. (Middle) <u>ELLEN</u> c. (Last) <u>EDENS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 13, 1955</u>		5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Nov. 29, 1880</u>		9. AGE (In years last birthday) <u>74</u>		10. IF UNDER 1 YEAR Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Jim McGlothlin</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie Sellers</u>		14. NAME OF HUSBAND OR WIFE <u>Hiram Edens</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS. <u>Fern Edens-Cassville, Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hardening of arteries</u> DUE TO (c) <u>331X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>6-10-55</u> , 1955, to <u>6-13-55</u> , 1955, that I last saw the deceased alive on <u>6-12-55</u> , 1955, and that death occurred at <u>3 A. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. J. B. Burgeson, M.D.</u>		23b. ADDRESS <u>Monett, Mo.</u>		23c. DATE SIGNED <u>6-15-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-15-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kings Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Washburn, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6-15-55</u>		REGISTRAR'S SIGNATURE <u>Mrs. O. N. Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Culver</u>		ADDRESS <u>Cassville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 755-280

DATE REC. 7-1-55

JUL 27 1955

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 .....  
Student Embalmer

Signed Margaret C. Herbert

Licensed Embalmer No. 4389

P. O. Address Cassville

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 this body is not embalmed, fact should be so stated above.