

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **9589**

FILED APR 16 1956

BIRTH NO. _____ REG. DIST. NO. **169** PRIMARY REG. DIST. NO. **4262** Registrar's No. **89**

1. PLACE OF DEATH a. COUNTY Knox			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Knox		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Knox City		c. LENGTH OF STAY (in this place) 3 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Edina		
d. FULL NAME OF HOSPITAL OR INSTITUTION Nelson Nursing Home			d. STREET ADDRESS (If rural, give location) 05200		

3. NAME OF DECEASED (Type or Print) a. (First) MAUDE b. (Middle) ESTELLE c. (Last) EDMONDS			4. DATE OF DEATH (Month) (Day) (Year) Apr. 10, 1956		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb 6, 1870		9. AGE (In years last birthday) 86
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homekeeper		10b. KIND OF BUSINESS OR INDUSTRY Homekeeper	11. BIRTHPLACE (State or foreign country) Novelty, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Hunter		13b. MOTHER'S MAIDEN NAME Lavinda James		14. NAME OF HUSBAND OR WIFE George M. Edmonds	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Margaret Waye Edina, Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-Sclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-Sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility		INTERVAL BETWEEN ONSET AND DEATH	
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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) 4200	
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 **July 1953** to **Apr 10, 1956**, that I last saw the deceased alive on **Apr 9, 1956**, and that death occurred at **5:00 AM** from the causes and on the date stated above.

23a. SIGNATURE (Degree & title) Waldo B. Young M.D.		23b. ADDRESS Knox City Mo		23c. DATE SIGNED 4/11/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 12 Apr 1956		24c. NAME OF CEMETERY OR CREMATORY Linville cemetery	
		24d. LOCATION (City, town, or county) (State) Edina, Missouri			

DATE REC'D BY LOCAL REG. Apr. 13-56		REGISTRAR'S SIGNATURE Helle S. Hunolt		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edina Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

150

APR 18 1961

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 *Mrs J. W. Hudson*

Licensed Embalmer No. *2972*

P. O. Address *Edina 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 this body is not embalmed, fact should be so stated above.