

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

25699

State File No. _____

FILED JUL 25 1953

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 28

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>Monteau Co.</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Monteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarksburg Mo. 9680</u>	
c. LENGTH OF STAY (in this place) <u>3 wks.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Zatham Hospital, Cal. Mo.</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>ELIZABETH</u> b. (Middle) <u>Sophia</u> c. (Last) <u>Edwards</u>			<u>July 7 1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 20 - 1864</u>		9. AGE (In years last birthday) <u>89</u> (Months) <u>0</u> (Days) <u>17</u>
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		11. BIRTHPLACE (City and State or Foreign Country) <u>New York State</u>	
13a. FATHER'S NAME <u>Charles Hill</u>			13b. MOTHER'S MAIDEN NAME <u>Minnie Hill</u>		14. NAME OF HUSBAND OR WIFE <u>Columbus Edwards</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 <u>Mrs. Iue Howard</u> ADDRESS <u>California Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Central Thrombosis</u>		ANTECEDENT CAUSES		<u>7 days</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture left hip</u>		<u>June 11 53</u>	
II. OTHER SIGNIFICANT CONDITIONS		DUE TO (c)			
Conditions contributing to the death but not related to the disease or condition causing death. <u>E 9020</u> <u>21</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) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Waverly Twp. Monteau Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 11 1953 2:45</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell from chair</u>

22. I hereby certify that I attended the deceased from June 11, 1953, to July 7, 1953, that I last saw the deceased alive on July 7, 1953, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edman S. Kibb M.D.</u>	23b. ADDRESS <u>21871 Oak California</u>	23c. DATE SIGNED <u>7/8/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>7-9-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Clarksburg Mo.</u>
DATE REC'D BY LOCAL REG. <u>7/20/53</u>	REGISTRAR'S SIGNATURE <u>H. H. [Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Theresa E. Hollman</u> ADDRESS <u>California Mo.</u>	

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

No. 300
10-48

JUL 27 1950

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

Hugh E. Hillman

Licensed Embalmer No. *3539*

P. O. Address *California, 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.