

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **25320**

FILED SEP 9 1948

Registration District No. _____

Primary Registration District No. **3000**

Registrar's No. **257**

1. PLACE OF DEATH:

(a) County Adair
 (b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
709 W. Cottonwood
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether
 In this community Most of Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
 (c) City or town Kirksville
(If outside city or town limits, write "RURAL")
 (d) Street No. 709 W. Cottonwood
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

Willie Edwards

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William Edwards

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased April 28 1888
(Month) (Day) (Year)

8. AGE: Years 60 Months 4 Days 2

If less than one day
hr. _____ min. _____

9. Birthplace Macon County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Abner Foster

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Annie Summers

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bessie Gardner

(b) Address Kirksville, Missouri

17. (a) Burial (b) Date thereof 9/2/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Highland Park Cmt.

18. (a) Signature of funeral director Dee Riley Funeral Home

(b) Address Kirksville, Missouri

19. (a) 9-2-48 (b) Kate Lambert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 30
 year 1948 hour 11:00 minute _____ P: M.

21. I hereby certify that I attended the deceased from August 30 1948 to August 30 1948
 that I last saw him alive on deceased on first visit
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
 Due to Cardiovascular renal disease
 Duration Sudden 10 years

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____

131A

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Howard E. Guse (M. D. or other) D.O.
 Address Kirksville, Mo. Date signed 9-1-48

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

RECEIVED

District Health Officer No. 1

District File Number 9.48.13

Date Filed SEP 7 - 1948

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

D. E. Riley

Licensed Embalmer No. 4181

P. O. Address Kirksville, Missouri

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.