

No. 300
10.48

FILED APR 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7836
Registrar's No. 5

BIRTH NO. _____		REG. DIST. NO. 83		PRIMARY REG. DIST. NO. 5312		Registrar's No. 5		
1. PLACE OF DEATH a. COUNTY Cooper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cooper				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville c. LENGTH OF STAY (in this place) Rural Life				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville				
d. FULL NAME OF HOSPITAL OR INSTITUTION At home				d. STREET ADDRESS (If rural, give location) Rural				
3. NAME OF DECEASED (Type or Print) a. (First) Harry b. (Middle) Cornelius c. (Last) Edwards			4. DATE OF DEATH (Month) (Day) (Year) February 25 1949					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 17 1898	9. AGE (In years last birthday) 50	# UNDER 1 YEAR Months	# UNDER 2 HRS. Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY On farm		11. BIRTHPLACE (State or foreign country) Cooper County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME John G. Edwards		13b. MOTHER'S MAIDEN NAME Sallie Allen Baugh		14. NAME OF HUSBAND OR WIFE Mildred Hilden Edwards				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mildred Edwards ADDRESS Boonville, Mo.				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Injury Guns (pistol) wound ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 60190 6-19					INTERVAL BETWEEN ONSET AND DEATH Instant	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (In or about home, farm, factory, street, office bldg., etc.) Farm home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Clark Fork Cooper Mo				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 25 - 1949 3:45 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? was inebriated + was trying to demonstrate pistol + was loaded + put in mouth + pulled				
22. I hereby certify that I attended the deceased from _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
22a. SIGNATURE (Degree or title) M. DeGrauw M.D.				23b. ADDRESS Boonville, Mo		23c. DATE SIGNED 2/28/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 28 1949		24c. NAME OF CEMETERY OR CREMATORY Walnut Grove		24d. LOCATION (City, town, or county) (State) Boonville, Mo. Missouri		
DATE REC'D BY LOCAL REG. 3/2/49		REGISTRAR'S SIGNATURE U. T. Meredith 721		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodman & Boller Boonville, Missouri				

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

278

RECEIVED

District Health Officer No. *8*

District File Number

Date Filed *4-2-49*

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 *William W. Wood*

Licensed Embalmer No. *4539*

P. O. Address *Boonville 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.