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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29653

FILED SEP 24 1949

BIRTH NO. _____		REG. DIST. NO. <u>73</u>		PRIMARY REG. DIST. NO. <u>3014</u>		Registrar's No. <u>52</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Clay</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Liberty</u>		c. LENGTH OF STAY (In this place) <u>17 yrs.</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>418 N. Prairie</u>	
a. STATE <u>Missouri</u>		b. COUNTY <u>Clay</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Liberty</u>		d. STREET ADDRESS (If rural, give location) <u>418 N. Prairie</u>	
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <u>ROY</u>	b. (Middle) <u>SYLVESTER</u>	c. (Last) <u>EDWARDS</u>	Date (Month) (Day) (Year) <u>Aug 27-49</u>	(Type or Print)			
6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 21-1884</u>	9. AGE (In years last birthday) <u>65</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) <u>Illinois Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Wagon</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth govern</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>0</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bertha Edwards</u> ADDRESS _____			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure</u>			<u>3 hrs.</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.				ANTECEDENT CAUSES			?
				DUE TO (b) <u>Hypertension</u>			?
				DUE TO (c) <u>Arteriosclerosis</u>			<u>1 yr</u>
				II. OTHER SIGNIFICANT CONDITIONS - <u>Gastric Carcinoma</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)		<u>422</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>1 May</u> , 19 <u>49</u> , to <u>27 Aug</u> , 19 <u>49</u> that I last saw the deceased alive on <u>27 Aug</u> , 19 <u>49</u> and that death occurred at <u>5:50 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Mrs. A. E. ...</u> (Degree or title)				23b. ADDRESS <u>Liberty Mo</u>		23c. DATE SIGNED <u>29 Aug 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 30-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lawrence</u>		24d. LOCATION (City, town, or county) (State) <u>Liberty Mo</u>		
DATE REC'D BY LOCAL REG. <u>Aug. 29. 1949</u>		REGISTRAR'S SIGNATURE <u>Minnie Hayes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Garner - Archer</u>		ADDRESS <u>Liberty Mo</u>	

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

RECEIVED SEP 6

District Health Officer No. 8,

District File Number _____

Date Filed _____

9-22-49

OCT 5 1949

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 _____

John S. Barber

Licensed Embalmer No. 4748

P. O. Address Liberty, 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.