

0020

FILED JAN 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4005 Registrar's No. 403

1. PLACE OF DEATH a. COUNTY <b>Andrew</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Andrew</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fillmore</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fillmore</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (home) <b>Fillmore, Mo</b>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Byrd</b>	b. (Middle) <b>(None)</b>	c. (Last) <b>Edwards</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 7 1950</b>
-------------------------------------	------------------------	---------------------------	--------------------------	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept 19, 1883</b>	9. AGE (In years last birthday) <b>66</b> IF UNDER 1 YEAR Months <b>5</b> Days <b>18</b> IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
--------------------	-------------------------------	---	---------------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (State or foreign country) <b>Lee County, Virginia</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
---	---	---	--

13a. FATHER'S NAME <b>George Edwards</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Oxford</b>	14. NAME OF HUSBAND OR WIFE <b>Ethel (Lewis) Edwards</b>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Ethel Edwards, Fillmore, Mo</b>
--	-------------------------------------	--

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		INTERVAL BETWEEN ONSET AND DEATH  <b>24 hr</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <b>Pulmonary Heart Disease</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Asthma Intrinsic</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
--	--	---

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 9-9, 1948, to 1-7, 1950, that I last saw the deceased alive on 1-7, 1950, and that death occurred at 12:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>M. J. Keeley M.D.</b>	23b. ADDRESS <b>Fillmore Mo</b>	23c. DATE SIGNED <b>1-7-50</b>
---	---------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan-10-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fillmore, Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Fillmore, Missouri</b>
---	------------------------------	--	---

DATE REC'D BY LOCAL REG. <b>1-10-50</b>	REGISTRAR'S SIGNATURE <b>Lillian Sparks</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>L. L. ... Savannah Mo</b>
---	---	---

(Licensed Embalmer's Statement on Reverse Side)

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



**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.

Signed *E. Dean Cole*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4670

P. O. Address Savannah 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.