

FILED JAN 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

605

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 17

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cole</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Jefferson City Mo</u> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Jefferson City Mo</u>   |  |
| c. LENGTH OF STAY (in this place)<br><u>5 yrs.</u>   |  | d. STREET ADDRESS (If rural, give location)<br><u>521 E. High St.</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>521 E. High St.</u>                                |  |  |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>Wilson</u> c. (Last) <u>Edwards</u> |  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>Jan - 18 - 50</u> |  |  |
|--|--|--|--|--|--|

|                    |                              |  |                                      |  |                           |                          |                          |                          |
|--------------------|------------------------------|--|--------------------------------------|--|---------------------------|--------------------------|--------------------------|--------------------------|
| 5. SEX<br><u>M</u> | 6. COLOR OR RACE<br><u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>married</u> | 8. DATE OF BIRTH<br><u>2-22-1870</u> | 9. AGE (In years last birthday)<br><u>79</u> | IF UNDER 1 YEAR<br>Months | IF UNDER 24 HRS.<br>Days | IF UNDER 2 HRS.<br>Hours | IF UNDER 15 MIN.<br>Min. |
|--------------------|------------------------------|--|--------------------------------------|--|---------------------------|--------------------------|--------------------------|--------------------------|

|  |  |                                   |  |   |  |   |  |
|--|--|-----------------------------------|--|---|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Salesman</u> |  | 10b. KIND OF BUSINESS OR INDUSTRY |  | 11. BIRTHPLACE (State or foreign country)<br><u>Woodhouse Ill</u> |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u> |  |
|--|--|-----------------------------------|--|---|--|---|--|

|  |  |                           |  |  |  |  |  |
|--|--|---------------------------|--|--|--|--|--|
| 13a. FATHER'S NAME<br><u>P. E. Edwards</u> |  | 13b. MOTHER'S MAIDEN NAME |  | 14. NAME OF HUSBAND OR WIFE<br><u>Jean Edwards</u> |  |  |  |
|--|--|---------------------------|--|--|--|--|--|

|   |  |   |  |   |  |  |  |                                     |  |
|---|--|---|--|---|--|--|--|-------------------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) |  | 16. SOCIAL SECURITY NO.<br><u>492-24-9569</u> |  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Mrs W Scott Johnson</u> |  |  |  | ADDRESS<br><u>Jefferson City Mo</u> |  |
|---|--|---|--|---|--|--|--|-------------------------------------|--|

|   |  |  |  |  |  |  |  |                                  |  |
|---|--|--|--|--|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphemia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION  |  |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH |  |
|   |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>   |  |  |  |  |  |                                  |  |
|   |  | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Arteriosclerosis</u> |  |  |  |  |  |                                  |  |
|   |  | DUE TO (c)   |  |  |  |  |  |                                  |  |
|   |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                            |  |  |  |  |  | <u>4501</u>                      |  |

|                        |  |                                  |  |  |  |  |  |
|------------------------|--|----------------------------------|--|--|--|--|--|
| 19a. DATE OF OPERATION |  | 19b. MAJOR FINDINGS OF OPERATION |  |  |  | 20. AUTOPSY?<br>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) (Min.) |  | 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 1-18, 1949, to 1-18, 1949 that I last saw the deceased alive on 1-18, 1949, and that death occurred at 5:11 p.m., from the causes and on the date stated above.

|  |  |   |  |                                    |  |
|--|--|---|--|------------------------------------|--|
| 23a. SIGNATURE<br><u>John W. McHoney</u> (Degree or title) |  | 23b. ADDRESS<br><u>Jefferson City, Mo</u> |  | 23c. DATE SIGNED<br><u>1/21/50</u> |  |
|--|--|---|--|------------------------------------|--|

|  |  |                             |  |   |  |   |  |
|--|--|-----------------------------|--|---|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> |  | 24b. DATE<br><u>1-20-50</u> |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Riverview Cemetery</u> |  | 24d. LOCATION (City, town, or county) (State)<br><u>Jefferson City Mo</u> |  |
|--|--|-----------------------------|--|---|--|---|--|

|  |  |   |  |   |  |  |  |
|--|--|---|--|---|--|--|--|
| DATE REC'D BY LOCAL REG.<br><u>Jan 23 - 1950</u> |  | REGISTRAR'S SIGNATURE<br><u>R. P. Davis, MD - NRO</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Thorp &amp; Gordon</u> |  | ADDRESS<br><u>2176 McCarty St. Jefferson City Mo</u> |  |
|--|--|---|--|---|--|--|--|

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
McHoney

2664

0264

MAR 7 1950

FEB 16 1950

RECEIVED  
JAN 25 1950  
District Health Officer No. 9,  
District File Number

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 Lester V. Bursey Jr.

Licensed Embalmer No. 4712

P. O. Address Jefferson City 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.