

FILED MAR 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4383**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **98** PRIMARY REG. DIST. NO. **4160** Registrar's No. **24**

0310  
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1. PLACE OF DEATH a. COUNTY <b>DAVIESS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>Davies</b>	
b. CITY OR TOWN <b>WINSTON</b>		c. CITY OR TOWN <b>Winston</b>	
c. LENGTH OF STAY (in this place) <b>LIFE</b>		d. STREET ADDRESS (If rural, give location) <b>0310</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) <b>ROXIE ELLEN EDWARDS</b>			4. DATE OF DEATH <b>FEB 3 1950</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>JUNE 4 1866</b>		9. AGE (In years last birthday) <b>83</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Country) <b>MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>JOSEPH MALLORY</b>	13b. MOTHER'S MAIDEN NAME <b>MANRING</b>	14. NAME OF HUSBAND OR WIFE <b>JOHN EDWARDS</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Edwards</b>	ADDRESS <b>Winston MO</b>
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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) <b>chronic myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>23 yrs</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<b>4222</b>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Dangerous Rt foot &amp; leg</b>		<b>36 hours</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **March 1949**, to **Feb 3, 1950**, that I last saw the deceased alive on **Feb 3, 1950**, and that death occurred at **6:30 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Fred W. Weldon</b> (Degree or title)	23b. ADDRESS <b>Winston MO</b>	23c. DATE SIGNED <b>Jan 5 50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>FEB 5 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>WINSTON</b>	24d. LOCATION (City, town, or county) (State) <b>Winston MO</b>
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DATE REC'D BY LOCAL REG. <b>6 March 1950</b>	REGISTRAR'S SIGNATURE <b>Virginia M Engelbert</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Kate Shoup</b>	ADDRESS <b>Winston MO</b>
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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.....

*L. O. Richesson*

Signed.....  
Student Embalmer

Licensed Embalmer No. ....

*3307*

P. O. Address.....

*Callaway, 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.