

FILED MAY 1 1950 STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 387 PRIMARY REG. DIST. NO. 5210 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hale, RFD</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RFD Hale, Missouri</u>	
c. LENGTH OF STAY (in this place) <u>41 years</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Farm Home 4 miles N. Tina</u>		d. STREET ADDRESS (If rural, give location) <u>4 miles N. Tina.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>SAMUEL</u> b. (Middle) <u>GRANT</u> c. (Last) <u>EDWARDS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 15th 1950</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 15, 1865</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>no</u> Days <u>no</u>	IF UNDER 2 WKS. Hours <u>no</u> Mins. <u>no</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Jamesport, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>William Edwards,</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Cole</u>		14. NAME OF HUSBAND OR WIFE <u>Emma J. Edwards,</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give way or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ray Edwards, Hale, Missouri</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Left cerebral hemorrhage</u>			<u>5 da.</u>		
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>fragile arteries</u>			<u>years</u>		
		DUE TO (c) <u>Age</u>			<u>years</u>		
		II. OTHER SIGNIFICANT CONDITIONS			<u>331X</u>		
		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 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 April 10, 1950, to April 15, 1950, that I last saw the deceased alive on April 14, 1950 and that death occurred at 3 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. Hamilton, M.D.</u>		23b. ADDRESS <u>9110 Casselton, Mo.</u>		23c. DATE SIGNED <u>April 16</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/16th/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Avalon Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Avalon, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>4, 18, 1950 Mrs Rex Henderson</u>		REGISTRAR'S SIGNATURE <u>49</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clifford W. Austin, Tina, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED APR 27

District Health Officer No. 7

District File Number

Date Filed 4-29-50

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

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working under my personal supervision.

Student Embalmer No.

Student

Signed

Clifford W. Austin

Licensed Embalmer No. #3233

P. O. Address Tina, Missouri

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.