No. 300
10.48

FILED MAY 22 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 15824

BIRTH NO. _____ REG. DIST. NO. 14 PRIMARY REG. DIST. NO. 4029 Registrar's No. 11

**1. PLACE OF DEATH**
a. COUNTY: BARTON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Minden Mines
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Barton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Minden Mines 0063
d. STREET ADDRESS (If rural, give location):

**3. NAME OF DECEASED** (Type or Print)
a. (First): DAVID
b. (Middle): LEE
c. (Last): EDWARDS

**4. DATE OF DEATH** (Month) (Day) (Year): 3-29-50

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): NEVER MARRIED
**8. DATE OF BIRTH**: July 2, 1948
**9. AGE** (In years last birthday): 1 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): CHILD
**10b. KIND OF BUSINESS OR INDUSTRY**: —
**11. BIRTHPLACE** (State or foreign country): Pittsburg Kansas
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Donald Lee Edwards
**13b. MOTHER'S MAIDEN NAME**: Esther Thelma ~~Bellows~~ Bellows
**14. NAME OF HUSBAND OR WIFE**: —

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no — (If yes, give war or dates of service): —
**16. SOCIAL SECURITY NO.**: —
**17. INFORMANT'S SIGNATURE OR NAME**: Donald Edwards, Minden Mines, Mo.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): History of "Coughing for 5 weeks." — 5 wks.
DUE TO (c): "Whooping Cough 5 wks. ago"

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: The parents said child had had a cough for 5 wks. Very little treatment

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**:
**20. AUTOPSY?** YES ☐ NO ☒

**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): 0560
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased* ~~from~~ on 3-28, 1950, ~~to~~ ~~, 19~~ *that I last saw the deceased alive on* 3-28, 1950, *and that death occurred at* 3:20A *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): M. H. Kneeland, D.O.
**23b. ADDRESS**: Liberal, Mo.
**23c. DATE SIGNED**: 3-31-50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 3/31/50
**24c. NAME OF CEMETERY OR CREMATORY**: NASHVILLE CEMETERY
**24d. LOCATION** (City, town, or county) (State): Nashville Mo.

**DATE REC'D BY LOCAL REG.**: May 11, 1950
**REGISTRAR'S SIGNATURE**: Charlotte McDowell 420
**25. FUNERAL DIRECTOR'S SIGNATURE**: John C. Frickel
**ADDRESS**: Frontenac Kansas

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAY 20 1950
District Health Office No. 6,
District File Number 550-585
Date Filed 5-20-50

## 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 ..... Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed John C. Friebel
Licensed Embalmer No. 1775
P. O. Address Frontenac Kans.

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.