

FILED MAY 26 1950

STANDARD CERTIFICATE OF DEATH

State File No. 17667

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 4358 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holland		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holland	
d. FULL NAME OF HOSPITAL OR INSTITUTION Holland Mo		d. STREET ADDRESS (If rural, give location) no numbers	

3. NAME OF DECEASED (Type or Print) William E. Edwards			4. DATE OF DEATH (Month) (Day) (Year) May 8 1950		
a. (First)	b. (Middle)	c. (Last)	5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 6 1870	9. AGE (In years last birthday) 80	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Retired	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Tennessee	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unobtainable		13b. MOTHER'S MAIDEN NAME Unobtainable		14. NAME OF HUSBAND OR WIFE Mary Norrid Edwards	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Edwards Holland Mo	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension & Leaky Heart		*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		10 years	
ANTECEDENT CAUSES		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		593X	
DUE TO (b) Age & High Blood Pressure		DUE TO (c) Age & Lung			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. Lungs that to be affected			

19a. DATE OF OPERATION No		19b. MAJOR FINDINGS OF OPERATION No		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Holland		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) No		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? No	

22. I hereby certify that I attended the deceased from **birth to 10 years**, to _____, 19____, that I last saw the deceased alive on **July 7**, 19**70**, and that death occurred at **9 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. M. Lewis M.D.		23b. ADDRESS Holland Mo		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE May 10 1950		24c. NAME OF CEMETERY OR CREMATORY Mt Zion	
24d. LOCATION (City, town, or county) (State) Steele Mo					

DATE REC'D BY LOCAL REG. 6-17-50		REGISTRAR'S SIGNATURE [Signature] 249		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Holt Funeral Home, Inc Blytheville Ark	
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(Licensed Embalmer's Statement on Reverse Side)

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

5-50-139.

21

MAY 23 REC'D
Pemiscot County Health Dept

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, 033

This body was embalmed in Arkansas

Student Embalmer No.

working under my personal supervision.

Signed

Signed.....
Student Embalmer

Licensed Embalmer No. 4454 Ark 665

P. O. Address Blytheville Ark

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.