

FILED AUG 14 1951

STANDARD CERTIFICATE OF DEATH

23569

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>171</u>		PRIMARY REG. DIST. NO. <u>4266</u>		Registrar's No. _____					
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).							
a. COUNTY <u>Lafayette</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Wellington</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Lafayette</u>					
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wellington</u>		d. STREET ADDRESS (If rural, give location) <u>5 blocks West and 1 north #24</u>		<u>0540</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION											
3. NAME OF DECEASED			4. DATE OF DEATH								
a. (First) <u>MARY</u>		b. (Middle) <u>ELIZABETH</u>		c. (Last) <u>EDWARDS</u>		(Month) (Day) (Year) <u>July 28, 1951</u>					
(Type or Print)											
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Sept. 2, 1866</u>					
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months		IF UNDER 6 HRS. Days		IF UNDER 15 MIN. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>			11. BIRTHPLACE (State or foreign country) <u>Missouri</u>					
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Gillis</u>		13b. MOTHER'S MAIDEN NAME <u>No Record</u>		14. NAME OF HUSBAND OR WIFE <u>ZACH EDWARDS</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>No</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Mabel Hannah</u>		ADDRESS <u>Wellington, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Chronic Myocarditis et Myocardial Degeneration</u>				II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				<u>5 Yrs</u>			
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>				DUE TO (b) <u>Hypertention</u>				<u>10 Yrs.</u>			
				DUE TO (c) <u>Arteriosclerosis</u>				<u>15 Yrs.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443X</u>						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 <u>Feb. 16, 1949</u> , to <u>July 28, 1951</u> , that I last saw the deceased alive on <u>July 28, 1951</u> , and that death occurred at <u>5:45 p.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>[Signature]</u>				23b. ADDRESS <u>Wellington, Mo.</u>		23c. DATE SIGNED <u>7-29-51</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/31/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Colored</u>		24d. LOCATION (City, town, or county) (State) <u>Wellington, Mo.</u>					
DATE REC'D BY LOCAL REG. <u>7-29-51</u>		REGISTRAR'S SIGNATURE <u>Emma Davidson</u>			453		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Blair Shepard</u>			ADDRESS <u>Wellington, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1540

RECEIVED 8-13-51
DISTRICT HEALTH OFFICE No. 306241951
District File Number
Date Filed 8-13-51

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 _____

working under my personal supervision.

Student Embalmer No. 435

Signed *Harold E. Clifton*
Student Embalmer

Signed *J. Blair Shppard*
Licensed Embalmer No. 4179

P. O. Address *Wellington, 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.