

FILED JUL 23 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 24024

BIRTH NO. _____		REG. DIST. NO. <u>277</u>		PRIMARY REG. DIST. NO. <u>5949</u>		Registrar's No. <u>12</u>			
1. PLACE OF DEATH a. COUNTY <u>PIKE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MO</u>				b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Doune</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bowling Green</u>		d. STREET ADDRESS (If rural, give location) <u>0830</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOLBE</u>									
3. NAME OF DECEASED (Type or Print)			a. (First) <u>ALICE</u>		b. (Middle) <u>n.</u>		c. (Last) <u>EDWARD</u>		
4. DATE OF DEATH			(Month) <u>June</u>		(Day) <u>20</u>		(Year) <u>1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)	
				<u>WIDOWED</u>		<u>March<sup>30</sup> 1863</u>		<u>88 3</u>	
10a. USUAL OCCUPATION (Give kind of work done in most of working life, even if retired) <u>Retired Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>PIKE CO MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>George Green</u>			13b. MOTHER'S MAIDEN NAME <u>Don't know</u>		14. NAME OF HUSBAND OR WIFE <u>Robert Edwards</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edgar Hall Bowling Green MO</u>				
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) <u>Chronic myocarditis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., is 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>8/6</u> , 19 <u>49</u> , to <u>June 20<sup>th</sup></u> , 19 <u>51</u> , that I last saw the deceased alive on <u>June 17<sup>th</sup></u> , 19 <u>51</u> , and that death occurred at <u>4:30</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Samuel B. B. B. M. D.</u>				(Degree or title)		23b. ADDRESS <u>Bowling Green Missouri</u>		23c. DATE SIGNED <u>6/21/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>June 22 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bowling Green</u>		24d. LOCATION (City, town, or county) (State) <u>Bowling Green MO</u>			
DATE REC'D. BY LOCAL REG. <u>7/2/51</u>		REGISTRAR'S SIGNATURE <u>Bill Robinson</u>		9.54		25. FUNERAL DIRECTOR'S SIGNATURE <u>Grace Bankhead Bowling Green MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

870  
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Date Received: JUL 16 1951

DISTRICT HEALTH OFFICE #2

District File Number 757-1389

Date Filed: JUL 16 1951

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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 Harold C. Kins

Licensed Embalmer No. 45-97

P. O. Address Sanling Ave

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.