

LED OCT 8 1951

BIRTH NO.		REG. DIST. NO. 175		PRIMARY REG. DIST. NO. 77		Registrar's No. 77		
1. PLACE OF DEATH a. COUNTY Lawrence Co. b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Pierce c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" Pierce 0550 d. STREET ADDRESS (If rural, give location) Rural 1 1/2 mi. N.E. Monett				
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) W. c. (Last) EDWARDS			4. DATE OF DEATH (Month) (Day) (Year) Sept 22, 1951					
5. SEX M. D.		6. COLOR OR RACE W. H.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Oct. 25, 1859		
9. AGE (In years last birthday) 91		10. UNDER 1 YEAR 10 27		11. BIRTHPLACE (State or foreign country) Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME Williams E. Edwards			13b. MOTHER'S MAIDEN NAME Sarah Tap		14. NAME OF HUSBAND OR WIFE Cynthia			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Louise Vantuyll, Monett 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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Bronchopneumonia Nephritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH 5918	
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) (Minute)		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 Aug. 30, 1951, to Sept. 22, 1951, that I last saw the deceased alive on Sept. 21, 1951, and that death occurred at 5:30 p. m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title)				23b. ADDRESS		23c. DATE SIGNED		
24a. MORTUARY REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)		
Rural		Sept 24-51		Lee Cemetery		Lawrence Co. Mo.		
DATE REC'D BY LOCAL REG. Sept. 29, 51		REGISTRAR'S SIGNATURE Dr. Mc Natt 15		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS G.D. Chidman, Monett Mo.				

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED OCT 1 1951

Dist. File _____

Date Filed _____

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED OCT 1 1951

Dist. File _____

Date Filed _____

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED OCT 1 1951

Dist. File 10321244

Date Filed 10-7-51

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed J. B. Buchanan

Licensed Embalmer No. 3149

P. O. Address Monroeville, 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.