S. No. 300
v. 10.48

FILED SEP 30 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32011

Jasper County Health Office

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 425

0495

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

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JOPLIN
c. LENGTH OF STAY (in this place): 5 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2525 N. OZARK

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: JASPER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin 0495
d. STREET ADDRESS (If rural, give location): Missouri - 2525 N. OZARK

3. NAME OF DECEASED (Type or Print)
a. (First): LAURA
b. (Middle): ANN
c. (Last): EDWARDS

4. DATE OF DEATH (Month) (Day) (Year): SEPT 25 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: AUG. 25, 1947
9. AGE (In years last birthday): 5 — 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): NONE
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (City and State or Foreign Country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: ERNEST STANTON EDWARDS
13b. MOTHER'S MAIDEN NAME: CRISSIE VIENA OSBORNE
14. NAME OF HUSBAND OR WIFE: —

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.: NONE
17. INFORMANT'S SIGNATURE OR NAME: ERNEST STANTON EDWARDS — ADDRESS: Joplin

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): FRACTURE UPPER CERVICAL SPINE

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): WITH SECTION OF CORD
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: E 936

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

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HOME
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): JOPLIN JASPER
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9 - 25 - 52 - 6:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? CAUGHT NECK IN PLAY HOLST OR FRACTURING CERVICAL SPINE

22. *I hereby certify that I attended the deceased from* (DID NOT ATTEND) *19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 6:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. W. Kenner MD Coroner Jasper County
23b. ADDRESS: Joplin Nat'l Bur Bldg
23c. DATE SIGNED: 9/25/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: SEPT 27, 1952
24c. NAME OF CEMETERY OR CREMATORY: OZARK MEM. PARK
24d. LOCATION (City, town, or county) (State): Joplin Mo.

DATE REC'D BY LOCAL REG.: 9-27-52
REGISTRAR'S SIGNATURE: Ed D. James 138 by Dolores Lampkins D.R.
25. FUNERAL DIRECTOR'S SIGNATURE: Harlbut Glover Mortuary — ADDRESS: Joplin

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 9-29-52
Jasper County Health Office

County File Number 52/9/760
Date Filed 9-29-52

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 Dale Glover

Licensed Embalmer No. 4593

P. O. Address Joplin, 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.