

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29654**

FILED SEP 8 - 1953

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **6009** Registrar's No. **222**

1. PLACE OF DEATH a. COUNTY RANDOLPH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY RANDOLPH	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL SALT RIVER		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL SALT RIVER 0880	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. CHAIR 2#		d. STREET ADDRESS (If rural, give location) R.F.D. CHAIR 2#	

3. NAME OF DECEASED (Type or Print) a. (First) HAZEL b. (Middle) VERNA c. (Last) EDWARDS			4. DATE OF DEATH (Month) (Day) (Year) SEPT 3 1953		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN 16, 1898	9. AGE (In years last birthday) 55 If under 1 year: Months _____ Days _____ If under 12 hrs: Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) LENIX IOWA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME WILL MATSEN		13b. MOTHER'S MAIDEN NAME ANN ETTA JONES		14. NAME OF HUSBAND OR WIFE ORB EDWARDS	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ORB EDWARDS ADDRESS CHAIR MO	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowned ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Misfully waded in pond DUE TO (c) Aspondency II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm pond		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Salt River Rand. MO.	
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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? _____	
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **6:57** m., from the causes and on the date stated above.

23a. SIGNATURE Dr. J. S. Jolly (Degree or title) D.O. Surgeon		23b. ADDRESS Moherly Missouri		23c. DATE SIGNED 9-3-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE SEPT 4, 1953		24c. NAME OF CEMETERY OR CREMATORY LIBERTY CEMETERY		24d. LOCATION (City, town, or county) (State) RANDOLPH MO.	
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DATE REC'D BY LOCAL REG. 9-4-53		REGISTRAR'S SIGNATURE Seah Weisman		25. FUNERAL DIRECTOR'S SIGNATURE Snow Funeral Home ADDRESS Moherly Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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VS MAY 24 1960

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 _____

Jerry R Carter

Licensed Embalmer No. *4806*

P. O. Address _____

W. Berkeley, Md.

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.