

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43706**

FILED DEC 28 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **238** PRIMARY REG. DIST. NO. **433CC** Registrar's No. **679**

0721

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

1. PLACE OF DEATH a. COUNTY <b>NEW MADRID</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>NEW MADRID</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>NEW MADRID</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>NEW MADRID</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>0721</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>SIDNEY</b> b. (Middle) <b>SYLVESTER</b> c. (Last) <b>EDGING</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>DEC-16-53</b>		
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>MARCH-4-1892</b>		9. AGE (In years last birthday) <b>60</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABOR.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>—</b>		11. BIRTHPLACE (State or foreign country) <b>Scott Co Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Wm Edging</b>	13b. MOTHER'S MAIDEN NAME <b>TELETHAN DEWESE</b>	14. NAME OF HUSBAND OR WIFE <b>unk</b>
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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) <b>No.</b>	16. SOCIAL SECURITY NO. <b>No.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>CONN. Edging</b>	ADDRESS <b>2702A ST. LOUIS @ 1490W</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis (acute)</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension, Atherosclerosis</b> DUE TO (c) <b>sic. Inanition</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>443 X</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 **Dec 15<sup>th</sup>**, 19**53**, to **Dec 16<sup>th</sup>**, 19**53**, that I last saw the deceased alive on **Dec 15<sup>th</sup>**, 19**53**, and that death occurred at **7:30 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Orville B. Chandler M.D.</b>	23b. ADDRESS <b>New Madrid Mo</b>	23c. DATE SIGNED <b>12/18/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>Dec-19-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Latham</b>	24d. LOCATION (City, town, or county) (State) <b>New Madrid Mo.</b>
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DATE REC'D BY LOCAL REG. <b>12-23-53</b>	REGISTRAR'S SIGNATURE <b>Nelva Louise Jones</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Les Hedgcock</b>	ADDRESS <b>New Madrid</b>
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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 Leo H. Hedges

Licensed Embalmer No. 3803

P. O. Address New Madrid, 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.