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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

396

State File No.

BIRTH NO. FILED FEB 9 1954 REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 4062 Registrar's No. 5

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Caldwell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cowgill
d. STREET ADDRESS (If rural, give location): 0130 0

3. NAME OF DECEASED (Type or Print)
a. (First): Nora
b. (Middle): Gertrude
c. (Last): Edwards

4. DATE OF DEATH (Month) Feb. (Day) 4 (Year) 1954

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: II-4-1880
9. AGE (In years last birthday): 73
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): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ray county, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: David Cook
13b. MOTHER'S MAIDEN NAME: Harriet Smith
14. NAME OF HUSBAND OR WIFE: L.C.Edwards

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: Mrs.Florence Lang, Cowgill, Missouri
ADDRESS:

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

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:
19b. MAJOR FINDINGS OF OPERATION: 4222
20. AUTOPSY? YES ☐ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan. 1st, 1953, *to* Feb. 4, 1954, *that I last saw the deceased alive on* Feb. 3, 1954, *and that death occurred at* 12:15 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: O.C.Kilbourn (Degree or title): M.D.
23b. ADDRESS: Cowgill, Mo.
23c. DATE SIGNED: Feb-5-1954

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 2-6-1954
24c. NAME OF CEMETERY OR CREMATORY: Cowgill Cemetery
24d. LOCATION (City, town, or county) (State): Cowgill, Missouri

DATE REC'D BY LOCAL REG.: 2-6-54
REGISTRAR'S SIGNATURE: Mrs. Ruth Anne Zwygart 499-0
25. FUNERAL DIRECTOR'S SIGNATURE: Cramer Clark, Kingston, Mo.
ADDRESS:
(Licensed Embalmer's Statement on Reverse Side)

[redacted]

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Teramer Clark

Signed.....
Student Embalmer

Licensed Embalmer No. 3257

P. O. Address Kirkwood, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.