

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4276**

FILED MAR 8 1954

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5245 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Chariton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Chariton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Keytesville Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Keytesville Twp.	
c. LENGTH OF STAY (In this place) All her life		d. STREET ADDRESS (If rural, give location) 9-Miles S. of Keytesville	
d. FULL NAME OF HOSPITAL OR INSTITUTION 9-Miles S. of Keytesville		d. STREET ADDRESS (If rural, give location) 9-Miles S. of Keytesville	

3. NAME OF DECEASED (Type or Print) a. (First) Louella b. (Middle) ----- c. (Last) Edwards			4. DATE OF DEATH Feb. 26th, 1954 (Month) (Day) (Year)		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY House Wife		8. DATE OF BIRTH Sept 19th, 1881	
11. BIRTHPLACE (City and State or Foreign Country) Keytesville Twp., Mo.		9. AGE (In years last birthday) 72		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Peter Finnell		13b. MOTHER'S MAIDEN NAME Amanda Forrest		14. NAME OF HUSBAND OR WIFE Charlie Edwards	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Eunice Guilford, Keytesville, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolism				INTERVAL BETWEEN ONSET AND DEATH 4 hrs.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension, Arteriosclerosis 5 yr					
		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 4201				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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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 Feb 26, 1954, to Feb 26, 1954 that I last saw the deceased alive on Feb 26, 1954 and that death occurred at 11:00 AM, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) MD		23b. ADDRESS Julesburg Mo		23c. DATE SIGNED 3-1-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 28th, 1954		24c. NAME OF CEMETERY OR CREMATORY Asbury Cemetery		24d. LOCATION (City, town, or county) (State) Chariton County Mo.	
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DATE REC'D BY LOCAL REG. 3-1-54		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Keytesville, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

02/10

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 _____

H. D. Gammitt

Licensed Embalmer No. 3046

P. O. Address Key West 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.