

STANDARD CERTIFICATE OF DEATH

State File No. **4346**

FILED MAR 1 1954 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 2016 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City	
c. LENGTH OF STAY (In this place) 37yrs		d. STREET ADDRESS (If rural, give location) 2105 Forrest Dr.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2105 Forrest Dr.			

3. NAME OF DECEASED a. (First) Emma b. (Middle) Davis c. (Last) Edwards			4. DATE OF DEATH (Month) (Day) (Year) Feb. 24, 1954		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 13, 1898		9. AGE (In years last birthday) 55		IF UNDER 1 YEAR Months 2 Days 11		IF UNDER 1 HR. 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 own				11. BIRTHPLACE (City and State or Foreign Country) Columbia, Mo.				12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Ira Davis			13b. MOTHER'S MAIDEN NAME Mary Coats			14. NAME OF HUSBAND OR WIFE George Edwards		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George Edwards Jefferson City, 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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic Heart Disease						INTERVAL BETWEEN ONSET AND DEATH 10 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 4/16X						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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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 Mar. 1948, to Feb 25, 1954, that I last saw the deceased alive on Jan 2, 1954, and that death occurred at 3p m., from the causes and on the date stated above.

23a. SIGNATURE Earl S. Loyd, M.D. (Degree or title)		23b. ADDRESS Jeff. City, Mo.		23c. DATE SIGNED 2/25/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 27, 1954		24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.	
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DATE REC'D BY LOCAL REG. Feb 25 54		REGISTRAR'S SIGNATURE R.P. Dorris MD - MR. 68		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Victor Buescher Jefferson City, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 28 1941

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 Victor Bueschke

Licensed Embalmer No. 0701

P. O. Address Jefferson City

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.