

FILED JUN 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17832

State File No.

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Mexico</u>		c. CITY OR TOWN <u>Bowling Green</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>1 day</u>		e. STREET ADDRESS (If rural, give location) <u>Bowling Green Rd. 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Audrain Co. Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Wanda</u> b. (Middle) <u>Low</u> c. (Last) <u>Edwards</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6</u> <u>19</u> <u>54</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) _____	8. DATE OF BIRTH <u>1-29-33</u>	9. AGE (In years last birthday) <u>21</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>21</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-wife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Bowling Green, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Carroll Hamlett</u>	13b. MOTHER'S MAIDEN NAME <u>Franese Kester</u>	14. NAME OF HUSBAND OR WIFE <u>Lee Roy Edwards</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>486-34-7650</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lee Roy Edwards Jr.</u>	ADDRESS: <u>Bowling Green, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>
	ANCEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Small postpartum Hemorrhage</u>		<u>7 1/2 hours</u>
	DUE TO (c) <u>Child birth.</u>		<u>7 3/4 hours</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>6606</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	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) <u>none</u>	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 11/28, 1953, to 6/19, 1954, that I last saw the deceased alive on 6/19, 1954, and that death occurred at 4:48 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Thos. L. Jwyer, M.D.</u>	23b. ADDRESS: <u>Mexico, Mo.</u>	23c. DATE SIGNED <u>6/19/54</u>
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24a. BURIAL-CREATION-REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-22-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bowling Green Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bowling Green, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>June 20-1954</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Grace Donkhead</u>	ADDRESS <u>Bowling Green, Mo.</u>
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed *Harold C. Kirk*.....

Licensed Embalmer No. *45*.....

P. O. Address *Banding*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.