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FILED AUG 9 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23460

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 99

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Warrensburg.
c. LENGTH OF STAY (in this place): 60yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Nace Nursing Home. 124 E. Market

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Johnson.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Warrensburg. 0512
d. STREET ADDRESS (If rural, give location): 407, W. Market. 0

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

4. DATE OF DEATH (Month) (Day) (Year): July. 26, 1954.

5. SEX: female 2
6. COLOR OR RACE: Black
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widow 2
8. DATE OF BIRTH: March. 20, 1879
9. AGE (In years last birthday): 75 — 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): house keeper
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (City and State or Foreign Country): Saline Co. MO. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Henry Miller.
13b. MOTHER'S MAIDEN NAME: Bena Yarnell
14. NAME OF HUSBAND OR WIFE: John Edwards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Cozetta Brown. Warrensburg. MO.

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

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

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): 1) Hypertensive Cardiovascular Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 2) Heat prostration — 2wks

19a. DATE OF OPERATION: _____
19b. MAJOR FINDINGS OF OPERATION: _____ 443 XF
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* 7-5, 1954, *to* 7-26, 1954, *that I last saw the deceased alive on* 7-26, 1954, *and that death occurred at* 11:50 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David R Holmes MD.
23b. ADDRESS: Warrensburg Mo
23c. DATE SIGNED: 7-27-54

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 28, July. 1954
24c. NAME OF CEMETERY OR CREMATORY: Sunset Hill
24d. LOCATION (City, town, or county) (State): Warrensburg. MO.

DATE REC'D BY LOCAL REG.: July 27, 1954
REGISTRAR'S SIGNATURE: Savanna Crutchfield 147-0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Sweeney Phillips. Warrensburg. MO.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
AUG 2 1954
JOHNSON COUNTY HEALTH DEPT.

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 J. Earl Priest
Licensed Embalmer No. 3878
P. O. Address Warrensburg

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

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