

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29505**

FILED AUG 20 1954

BIRTH NO. _____ REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074** Registrar's No. **116**

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston		c. CITY OR TOWN Painton	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 11 Days		e. STREET ADDRESS (If rural, give location) Route 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Mo. Delta Community Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Chester	b. (Middle) Lee	c. (Last) Edwards	4. DATE OF DEATH (Month) (Day) (Year) 7 11 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 5-18-1936	9. AGE (In years last birthday) 18	IF UNDER 1 YEAR Months 1 Days 11	IF UNDER 24 HRS. Hours 10 Min. 44
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) New Madrid, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Roy Edwards	13b. MOTHER'S MAIDEN NAME Bertie Johnson	14. NAME OF HUSBAND OR WIFE 0
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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. ----	17. INFORMANT'S SIGNATURE OR NAME Mr. Roy Edwards, Painton, Mo.	ADDRESS 0
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia		10
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Encephalitis Post-infectious DUE TO (c)		10 yrs
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 082 X	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **7/1**, 19**54**, to **7/11**, 19**54**, that I last saw the deceased alive on **7-10** 19**54**, and that death occurred at **5:45 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE R. W. Walker (Degree or title)	23b. ADDRESS Painton, Mo	23c. DATE SIGNED 7-18-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-13-54	24c. NAME OF CEMETERY OR CREMATORY W.O.W.	24d. LOCATION (City, town, or county) (State) East Prairie, Mo
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DATE REC'D BY LOCAL REG. 8-10-54	REGISTRAR'S SIGNATURE Mrs. Ella Hunter	25. GENERAL DIRECTOR'S SIGNATURE Charles Shelby	ADDRESS East Prairie, Mo
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WRITE PLAINLY—USING UNFADING BLACK-INK—MAKE A PERMANENT RECORD

DATE RECEIVED AUG 16 1954

SCOTT CO. HEALTH DEPT.

CO. FILE No. 854-171

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 W. Davis Shelby Jr.

Licensed Embalmer No. 494

P. O. Address East Prairie

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.