

FILED OCT 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31270

BIRTH NO. <u>8700</u>		REG. DIST. NO. <u>47</u>	PRIMARY REG. DIST. NO. <u>3045</u>	Registrar's No. <u>40</u>
1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>WILMORH TOWN</u> <u>Charleston</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>OR TOWN</u> <u>Charleston</u> <u>0672</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, 509 S. Main St.		d. STREET ADDRESS (If rural, give location) <u>509 S. Main St.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clar a</u>		b. (Middle) <u>Edwards</u>		c. (Last) <u>Graham</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>August, 28, 1954</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May, 27, 1858</u>	9. AGE (In years last birthday) <u>96</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Teaching</u>	11. BIRTHPLACE (State or foreign country) <u>Miami, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>J.D. Edwards</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Harl</u>		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mildred Thrower Charleston, Mo.</u>
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ventricular Fibrill</u> INTERVAL BETWEEN ONSET AND DEATH <u>8-28-54</u> ANTECEDENT CAUSES DUE TO (b) <u>Arterio sclerotic heart disease</u> DUE TO (c) <u>Senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Ac. Cholelithiasis</u> 8/21/54		
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <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 <u>8-21</u> , 19 <u>54</u> , to <u>8-28</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>8/28</u> , 19 <u>54</u> , and that death occurred at <u>5:00P</u> m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>E. Charles Kolwing M.D.</u>		23b. ADDRESS <u>Charleston Mo</u>		23c. DATE SIGNED <u>8-30-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/31/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Charleston, Mo.</u>
DATE REC'D BY LOCAL REG. <u>9-30-54</u>		REGISTRAR'S SIGNATURE <u>Jean Kearnes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>The Nunnelee Funeral Chapel, Charleston, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

0672

OCT 8 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed OCT 19 1954

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 Edward E. Munnell

Licensed Embalmer No. 4164

P. O. Address Charleston, 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.