

FILED APR 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12699

BIRTH NO. _____		REG. DIST. NO. 237		PRIMARY REG. DIST. NO. 4339		Registrar's No. 21		
1. PLACE OF DEATH a. COUNTY MONROE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY MONROE				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PARIS		c. LENGTH OF STAY (in this place) 2 1/2 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PARIS		0690		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) WEST MADISON ST.				
3. NAME OF DECEASED (Type or Print) a. (First) CHARLEY b. (Middle) _____ c. (Last) EDWARDS			4. DATE OF DEATH (Month) (Day) (Year) APRIL 11, 1955					
5. SEX MALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH APRIL 8, 1867		
9. AGE (In years last birthday) 88		# UNDER 1 YEAR Months — Days 4		# UNDER 1 MRS. Hours — Min. —				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) MO. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME CHARLES EDWARDS			13b. MOTHER'S MAIDEN NAME LAURA HOPPER		14. NAME OF HUSBAND OR WIFE EMMA SHROPSHIRE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME PARIS ADDRESS <i>Rufus Charles Edwards</i>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Myocarditis</i> ANTECEDENT CAUSES <i>arterio-sclerosis</i> 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.					INTERVAL BETWEEN ONSET AND DEATH <i>2 1/2</i> <i>20 1/2</i>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					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) PARIS MO				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4221				
22. I hereby certify that I attended the deceased from 4-10, 1955 to 4-11, 1955 , that I last saw the deceased alive on 4-11, 1955 , and that death occurred at 10 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE (Name or Title) <i>Rufus Charles Edwards</i>				23b. ADDRESS PARIS, MO		23c. DATE SIGNED 4-12-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-14-1955		24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE		24d. LOCATION (City, town, or county) (State) PARIS, MO.		
DATE REC'D BY LOCAL REG. 4-12-55		REGISTRAR'S SIGNATURE F. A. Burnedon		25. FUNERAL DIRECTOR'S SIGNATURE Speed + Blakey		ADDRESS PARIS, MISSOURI		

WRITE PLAINLY—USING UNFADING 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
Student Embalmer

Signed E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address PARIS, MISSOURI

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.