

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19658**

FILED JUL 5 - 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **277** PRIMARY REG. DIST. NO. **4411** Registrar's No. **24**

1. PLACE OF DEATH a. COUNTY <b>PIKE</b>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <b>MO</b> b. COUNTY <b>PIKE</b>	
b. CITY OR TOWN <b>Bowling Green</b>		c. CITY OR TOWN <b>Bowling Green</b>	
c. LENGTH OF STAY (In this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>HOLLE</b>		e. STREET ADDRESS (If rural, give location) <b>0825</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>EMMETT</b> b. (Middle) <b>MARTIN</b> c. (Last) <b>EDWARDS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 17 1955</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 2 1878</b>	9. AGE (at last birthday) <b>77</b>	10. UNDER 1 YEAR <b>5</b> Months <b>11</b> Days	11. UNDER 100 Hrs. <b>11</b> Hours <b>5</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Printer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Bowling Green Mo. U.S.A.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>H.K. Edwards</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Ann Humphrey</b>	14. NAME OF HUSBAND OR WIFE <b>Mary Edwards</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>	16. SOCIAL SECURITY NO. <b>Yes</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Emmett Edwards</b>	ADDRESS <b>Bowling Green Mo.</b>
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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, asthma, etc. It means the disease, injury, or complications which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocarditis - the myocardium</b>		INTERVAL BETWEEN ONSET AND DEATH <b>9 months</b>
	ANTECEDENT CAUSES 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.		

19a. DATE OF OPERATION <b>none</b>	19b. MAJOR FINDINGS OF OPERATION	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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **9/10/54**, 19**54**, to **6/17**, 19**55**, that I last saw the deceased alive on **6/10**, 19**55**, and that death occurred at **10 P.M.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>James P. Boyd, M.D.</b>	23b. ADDRESS <b>Bowling Green, Mo.</b>	23c. DATE SIGNED <b>6/18/55</b>
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24a. FUNERAL CREMATION REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 20 1955</b>	24c. NAME OF CEMETERY OR CREMATOR <b>Bowling Green</b>	24d. LOCATION (City, town, or county) (State) <b>Bowling Green Mo.</b>
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DATE REC'D BY LOCAL REG. <b>6-28-55</b>	REGISTRAR'S SIGNATURE <b>Bill Robinson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Grace Danford</b>	ADDRESS <b>Bowling Green Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 28 1964

Small Stamp

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 *Gerald C. Kiper*.....

Licensed Embalmer No. *45*

P. O. Address *Bowling*

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.