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FILED APR 11 1956

STANDARD CERTIFICATE OF DEATH

State File No. **9866**

BIRTH NO. _____ REG. DIST. NO. **218** PRIMARY REG. DIST. NO. **5790** Registrar's No. **14**

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, write RURAL and give township) Rural-Wolf Island		c. CITY OR TOWN 0670	
c. LENGTH OF STAY (In this place) 2.3 yrs		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6 miles E. of East Prairie		f. STREET ADDRESS (If rural, give locality) 6 miles E. of East Prairie	

3. NAME OF DECEASED (Type or Print) JOLLY BAKER EDWARDS			a. (First)			b. (Middle)			c. (Last)			d. DATE OF DEATH (Month) (Day) (Year) April 2, 1956		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 6, 1893		9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Farming			10b. KIND OF BUSINESS OR INDUSTRY Farming			11. BIRTHPLACE (City and State; or Foreign Country) Bardwell, Ky.			12. CITIZEN OF WHAT COUNTRY U.S.A.		
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13a. FATHER'S NAME James William Edward			13b. MOTHER'S M maiden name Saura Jane McClure			14. NAME OF HUSBAND OR WIFE Alfie Della Edwards		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Alfie Della Edwards		ADDRESS East Prairie	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Essential Hypertension				3 yr	
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Arteriosclerosis 10 yr 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		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 **1953**, to **April 1, 1956** that I last saw the deceased alive on **March 2, 1956**, and that death occurred at **3:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE D. O. Martin MD (Degree & Title)		23b. ADDRESS East Prairie, Mo.		23c. DATE SIGNED 4-4-56	
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24a. BURIAL, CREMATION, REMOVAL (City)		24b. DATE 4-4-56		24c. NAME OF CEMETERY OR CREMATORY Oak Wood		24d. LOCATION (City, town, or county) (State) Clinton, Ky.	
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DATE REC'D BY LOCAL REG. 4-4-56		REGISTRAR'S SIGNATURE Lertande L. Harper		FUNERAL DIRECTOR'S SIGNATURE Marie Shelby		ADDRESS East Prairie, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
Miss. Co. Health D.
County File No. APR 6
Date Filed APR 6

APR 17 1956

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 *Travis Shelby*

Licensed Embalmer No. 27

P. O. Address *East Prussia*

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.