

FILED MAR 19 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10130  
32  
Registrar's No. 32

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Pike</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Louisiana</u> | c. LENGTH OF STAY (In this place)<br><u>3 days</u> | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Bowling Green Mo 0820</u>                             |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Pike County Hospital</u>                           |  | d. STREET ADDRESS (If rural, give location)<br><u>B.B Springs - Rest Home</u>  |  |

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| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Edward</u> b. (Middle) <u>F.</u> c. (Last) <u>England</u> |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Mar. 8 1956</u> |  |  |
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|-----------------------|----------------------------------|--|---|---|
| 5. SEX<br><u>Male</u> | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widowed</u> | 8. DATE OF BIRTH<br><u>JUNE 22 1875</u> | 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mln. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Retired</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Farmer</u> | 11. BIRTHPLACE (State or foreign country)<br><u>Drogward County Mo</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u> |
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|---|---|--|
| 13a. FATHER'S NAME<br><u>Washington England</u> | 13b. MOTHER'S MAIDEN NAME<br><u>UNKNOWN</u> | 14. NAME OF HUSBAND OR WIFE<br><u>LOW ANN England - Dec.</u> |
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| 15. WAS DECEASED MEMBER IN U.S. ARMY FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> | 16. SOCIAL SECURITY NO.<br><u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Rubish. Madison</u> | ADDRESS |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | <b>MEDICAL CERTIFICATION</b><br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Hypertensive Cordis vascular</u><br>ANTECEDENT CAUSES (b) <u>Dis. + acute left sided heart failure + Broncho-pneumonia</u><br>DUE TO (c) <u>Dial Blodde Dis.</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 wk</u><br><u>2 yrs</u> |
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|                        |   |   |
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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION<br><u>443x</u> | 20. AUTOPSY?<br>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) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR |
|--|---|---------------------------|

22. I hereby certify that I attended the deceased from 6-6, 1955 to 3-8, 1956, that I last saw the deceased alive on 3-7, 1956, and that death occurred at 4:40 P.M., from the causes and on the date stated above.

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|--|--|-----------------------------------|
| 23a. SIGNATURE (Degree or title)<br><u>Chas H. Lewellen M.D.</u> | 23b. ADDRESS<br><u>Louisiana, Missouri</u> | 23c. DATE SIGNED<br><u>3-8-56</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 24b. DATE<br><u>Mar. 11, 1956</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Riverview</u> | 24d. LOCATION (City, town, or county) (State)<br><u>Louisiana Mo</u> |
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|  |   |   |                                  |
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| DATE REC'D BY LOCAL REG.<br><u>March 9, 1956</u> | REGISTRAR'S SIGNATURE<br><u>Bernice Collier</u> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>W. Brown Clark</u> | ADDRESS<br><u>Clarksville Mo</u> |
|--|---|---|----------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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 L. A. Brown

Licensed Embalmer No. 2648

P. O. Address Charlesville 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.