

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22561**

FILED JUL 5 1956

BIRTH NO. _____ REG. DIST. NO. **355** PRIMARY REG. DIST. NO. **4559** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Texas			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Texas		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hartshorn		c. LENGTH OF STAY (in this place) 10yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hartshorn		1070
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (Type or Print) a. (First) Ferba b. (Middle) Elizabeth c. (Last) Edwards			4. DATE OF DEATH (Month) (Day) (Year) 6 - 20 - 56		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 8-15-1875		9. AGE (In years last birthday) 80 IF UNDER 1 YEAR Months 10 Days 4 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Montauk, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William Lewis		13b. MOTHER'S MAIDEN NAME Susan Kell		14. NAME OF HUSBAND OR WIFE John	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS		

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sepsis & Toxemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Spontaneous Rupture of Gall bladder DUE TO (c) Chronic Cholecystitis with Cholelithiasis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cause unknown			INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 584X		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) (Min.)		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 1951 to 1956, that I last saw the deceased alive on June 20, 1956, and that death occurred at 9:40p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Lawrence H. Sample		23b. ADDRESS Do Sumnersville Mo		23c. DATE SIGNED 6-26-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/23/56	24c. NAME OF CEMETERY OR CREMATORY Union Chapel	24d. LOCATION (City, town, or county) (State) Rural - Current, Mo.		
DATE REC'D BY LOCAL REG. 6-29-56		REGISTRAR'S SIGNATURE Anna Roberts		FUNERAL DIRECTOR'S SIGNATURE ADDRESS Elliott Funeral Home - Houston, Mo	

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 _____

Frank E. Wood

Licensed Embalmer No. _____

4026

P. O. Address _____

Hampton, Va

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.