

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35455

STATE FILE NUMBER

XC 1 264 567 FILED NOV 16 1956
SL-11620

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Registrar's No. 9714

Registration District No. Primary Registration District No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE MISSOURI b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME (If not in hospital, give location) HOSPITAL OR INSTITUTION Veterans Administration Hospital		Length of stay in lb 7 days	d. STREET ADDRESS 240 2006 KROOKUK		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last CONNIE V. EDWARDS			4. DATE OF DEATH Month Day Year 10-23-56		
5. SEX MALE <input checked="" type="checkbox"/>	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4-24-02	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHEF		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) MAYFIELD, KENTUCKY		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME TILFORD EDWARDS			14. MOTHER'S MAIDEN NAME ALICE CURRY		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes 6-21-19 to 4-13-22		16. SOCIAL SECURITY NO. 497 07 9612	17. INFORMANT Address VA Hosp. Records, 915 N. Grand St. Louis, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchogenic carcinoma with metastasis to liver and adrenal Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH 6 mos.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 162x					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from 10-16-56 to 10-23-56 and last saw ^{her} him alive on 10-23-56 Death occurred at 12:52 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Tom N. Isman Jr. (Degree or title) M.D.		22b. ADDRESS 915 N. Grand, VA Hospital, St. Louis, Mo.		22c. DATE SIGNED 10-23-56	
23a. BURIAL, CREATION, REMOVAL (Specify) Removal	23b. DATE 10/25/56	23c. NAME OF CEMETERY OR CREMATORY National Cem.	23d. LOCATION (City, town, or county) (State) Jefferson Bks, Missouri		
24. FUNERAL DIRECTOR Edward Fendler Mortuary		ADDRESS 5611 So. Grand	25. DATE RECD. BY LOCAL REG. OCT 24 1956	26. REGISTRAR'S SIGNATURE Carl Smith Mo mjs.	

(Licensed Embalmer's Statement on Reverse Side)

Use only black ink or ribbon typewrite if possible. Coroner cannot certify to a death due to natural causes.

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-56

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.....
Harry J. Schuman

Licensed Embalmer No. *26*

P. O. Address *Full S. Green*

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.