

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 28 1956

State File No. **27223**

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **308**

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| 1. PLACE OF DEATH a. COUNTY CALLAWAY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE MISSOURI b. COUNTY CALLAWAY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FULTON | | c. CITY OR TOWN FULTON | d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (If applicable) 17 YEARS | | • STREET ADDRESS (If rural, give location) 415 WEST 8th. STREET | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION HOME | | | |

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|-------------------------------------|------------------------|---------------------------|--------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) LULA | b. (Middle) GRAVES | c. (Last) EDWARDS | 4. DATE OF DEATH (Month) (Day) (Year) NOVEMBER 19, 1956 |
|-------------------------------------|------------------------|---------------------------|--------------------------|--|

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| 5. SEX FEMALE | 6. COLOR OR RACE NEGRO | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW | 8. DATE OF BIRTH MARCH 8, 1889 | 9. AGE (In years last birthday) 65 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COOK | 10b. KIND OF BUSINESS OR INDUSTRY COOK | 11. BIRTHPLACE (City and State or Foreign Country) FULTON, MISSOURI | 12. COUNTRY OF WHAT COUNTRY? U. S. A. |
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| 13a. FATHER'S NAME FRANK GRAVES | 13b. MOTHER'S MAIDEN NAME SALLIE JOHNSON | 14. NAME OF HUSBAND OR WIFE ROBERT BERRY EDWARDS (deceased) |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | 16. SOCIAL SECURITY NO. 500-34-3789 | 17. INFORMANT'S SIGNATURE OR NAME Harold Edwards - Fulton, Mo. | ADDRESS _____ |
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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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Emboli Thompsons | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. | | | |

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| 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) (Minute) | 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 **Nov 19th 1956** to **Nov 21st 1956**, that I last saw the deceased **at home in Fulton, Mo.**, and that death occurred at **9:30 a. m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE [Signature] | (Degree or title) _____ | 23b. ADDRESS Fulton Mo | 23c. DATE SIGNED 11-21-56 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE NOV. 23, 56. | 24c. NAME OF CEMETERY OR CREMATORY SOUTHSIDE CEMETERY | 24d. LOCATION (City, town, or county) (State) FULTON, MISSOURI |
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| DATE REC'D BY LOCAL REG. Nov 21-1956 | REGISTRAR'S SIGNATURE Martha Lawrence | 25. FEDERAL REGISTER SIGNATURE [Signature] | ADDRESS HARRY T. BELL, FULTON, MISSOURI |
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

26

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 *J. Harry T. Bell*
HARRY T. BELL.....

Licensed Embalmer No. 4867

P. O. Address FULPON, MISS

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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