FILED DEC 11 1956

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

37295
STATE FILE NUMBER

Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 102

**1. PLACE OF DEATH**
a. COUNTY: Carroll
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Carrollton — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Home Brockman Nursing — Length of stay in 1b: 5 months

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Saline
c. CITY OR TOWN: Blackburn 0970 — Inside Limits Yes ☐ No X
d. STREET ADDRESS (If outside, give location): 4½ miles N.E. of Blackburn — Reside on Farm Yes ☐ No X

**3. NAME OF DECEASED** (Type or print): First: Edward John Middle: Last: Edwards

**4. DATE OF DEATH**: Month: Dec. Day: 2 Year: 1956

**5. SEX**: Male **6. COLOR OR RACE**: White **7. MARRIED** ☐ **NEVER MARRIED** ☐ **WIDOWED** X **DIVORCED** ☐ **8. DATE OF BIRTH**: Sept. 22 1875 **9. AGE** (In years last birthday): 81 — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Rural mail carrier
**10b. KIND OF BUSINESS OR INDUSTRY**: Retired
**11. BIRTHPLACE** (City and state or country): Blackburn, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13. FATHER'S NAME**: John Edwards
**14. MOTHER'S MAIDEN NAME**: Catherine Edwards

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown): no (If yes, give war or dates of service): no
**16. SOCIAL SECURITY NO.**:
**17. INFORMANT**: Francis Edwards Address: Blackburn, Missouri

**MEDICAL CERTIFICATION**

**18. CAUSE OF DEATH** [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Senility — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic Interstitial Nephritis — 10 yrs
DUE TO (c) Arteriosclerosis & Cleptomania — 20 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 592.X

**19. WAS AUTOPSY PERFORMED?** YES ☐ NO ☐

**20a. ACCIDENT** ☐ **SUICIDE** ☐ **HOMICIDE** ☐
**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in Part I or Part II of item 18.)
**20c. TIME OF INJURY** Hour a. m. p. m. Month, Day, Year
**20d. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**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 1940, to Dec 2-1956 and last saw him alive on Dec 2
Death occurred at 4:45 a m on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): [illegible] M.D.
**22b. ADDRESS**: Waverly Mo
**22c. DATE SIGNED**: 12-3-56

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Burial **23b. DATE**: 12/5/56 **23c. NAME OF CEMETERY OR CREMATORY**: Blackburn Cemetery **23d. LOCATION** (City, town, or county) (State): Blackburn Missouri

**24. FUNERAL DIRECTOR**: Bailey Funeral Home **ADDRESS**: Waverly
**25. DATE RECD. BY LOCAL REG.**: 12-3-56
**26. REGISTRAR'S SIGNATURE**: Mrs Herbert Calvert

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Maurice D. Bailey.....

Licensed Embalmer No. 48.

P. O. Address Warsaw.

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.