

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **1128**

FILED JAN 22 1957

BIRTH NO.		REG. DIST. NO. <b>138</b>		PRIMARY REG. DIST. NO. <b>5826</b>		Registrar's No. <b>89</b>	
1. PLACE OF DEATH a. COUNTY <b>Hickory</b> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Preston</b> c. LENGTH OF STAY (in this place) <b>21 years</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Main Street</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Hickory</b> c. CITY OR TOWN <b>Preston</b> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <b>Main Street</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Clyde</b> b. (Middle) <b>Edge</b> c. (Last) <b>Edge</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JAN 11-1957</b>		5. SEX <b>Male</b> 6. COLOR OR RACE <b>White</b> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>1894</b> 9. AGE (In years last birthday) <b>62</b> 10. MONTHS <b>7</b> 11. DAYS <b>10</b> 12. HOURS <b>10</b> 13. MIN. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work constituting most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self Employed</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Cedar Co. Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13a. FATHER'S NAME <b>W.T. Edge</b>		13b. MOTHER'S MAIDEN NAME <b>SARAH ELLEN LAWSON</b>		14. NAME OF HUSBAND OR WIFE <b>Erma Edge</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b> <b>None</b>		16. SOCIAL SECURITY NO. <b>500-01-8005</b>		17. INFORMANT'S SIGNATURE OR NAME <b>ERMA Edge - Preston Mo</b> ADDRESS <b>1561</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of liver</b> 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.				INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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 <b>Dec 15, 1956</b> , to <b>Jan 11, 1957</b> , that I last saw the deceased alive on <b>Jan 10, 1957</b> , and that death occurred at <b>5:05 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>C. D. [Signature]</b>				23b. ADDRESS <b>2 [Address]</b>		23c. DATE SIGNED <b>Jan 15, 57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>JAN 14-1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fishes Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Preston, Mo</b>	
DATE REC'D BY LOCAL REG. <b>Jan 16 1957</b>		REGISTRAR'S SIGNATURE <b>May Johnson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Willert [Signature]</b> ADDRESS <b>4 [Address]</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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JAN 30 1957

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 *Chas. Gilbert Tuttleway*

Licensed Embalmer No. *4267*

P. O. Address *Shelton,*

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.