

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28760  
STATE FILE NUMBER

FILED AUG 26 1957

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 325

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Arizona</u> b. COUNTY <u>Maricopa</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Phoenix</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Elizabeth Hospital</u> Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>3008 Laurence Lane</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Charles Herbert Edwards</u> First <u>Charles</u> Middle <u>Herbert</u> Last <u>Edwards</u>			4. DATE OF DEATH <u>August 18 1957</u> Month <u>August</u> Day <u>18</u> Year <u>1957</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>7-2-1885</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Not Given</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Not Given</u>	11. BIRTHPLACE (City and state or country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Thomas J. Edwards</u>	
14. MOTHER'S MAIDEN NAME <u>Harriett Chenoweth</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>Mrs Julia Edwards-Phoenix, Ariz.</u> Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Contusion of heart, rupture of coronary artery</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Crushed chest</u> DUE TO (c) <u>8164</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u> <u>3 hrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Hemopneumothorax, left.</u>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <u>1 head on collision 2 passenger cars.</u>		
20c. TIME OF INJURY <u>2</u> Hour <u>2</u> Month <u>8</u> Day <u>18</u> Year <u>57</u> p. m.	<u>069</u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>US Highway #24</u>	20f. CITY, TOWN, OR LOCATION <u>South of Monrocity</u> COUNTY <u>Monroe</u> STATE <u>Missouri</u>	
21. I attended the deceased from <u>8/18/57 5:15</u> to <u>8/19/57 9</u> and last saw her <u>him</u> alive on <u>8/18/57 9</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Lenny H Sweets J M D Coroner</u>		22b. ADDRESS <u>Hannibal Mo</u>	22c. DATE SIGNED <u>8/19/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>8/21/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Wichita, Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Wichita, Kansas</u>
24. FUNERAL DIRECTOR <u>H. M. O'Donnell</u> ADDRESS <u>Hannibal, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>8-20-57</u>	26. REGISTRAR'S SIGNATURE <u>Dr. E. M. Tucker</u>	

Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

RECEIVED AUG 22 1957  
MARION CO. HEALTH DEPT.  
DATE FILED AUG 22 1957

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *N. M. O'Donnell* .....

Licensed Embalmer No. 388

P. O. Address Hannibal,

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.