

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029646

STATE FILE NUMBER

45

AUG 19 1958

Registration District No. 200

Primary Registration District No. 5723

Registrar's No.

1. PLACE OF DEATH a. COUNTY Macon <i>0610</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Missouri b. COUNTY Macon	
b. CITY OR TOWN Charlton Twp. College Mound <i>1</i>		c. CITY OR TOWN College Mound <i>0610</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION XXXXXXXXXX		d. STREET ADDRESS (If outside, give location) XXXXXX	

3. NAME OF DECEASED (Type or print) First Robert Middle L Last Edwards			4. DATE OF DEATH Month 6 Day 25 Year 1958		
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5. SEX male	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 May 28, 1877	9. AGE (In years) 81 Months 8 Days 1	IF UNDER 1 YEAR Months 8 Days 1	IF UNDER 24 HRS. Hours 1 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming	10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (City and state or country) Macon Co R R 0 Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William N Edwards	13b. MOTHER'S MAIDEN NAME Elizabeth Jones	14. NAME OF HUSBAND OR WIFE Naomi Swallow
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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.	17. INFORMANT Mrs Ray Butts Address 835 Bond St Moberly, Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Parotitis		INTERVAL BETWEEN ONSET AND DEATH (25 days)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Parkinsons disease		
DUE TO (c) Senile degenerative Arterio Sclerosis		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 537X		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour 2:15 a.m. Month June Day 25 Year 1958	20d. INJURY OCCURRED WHILE AT <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.)	20f. CITY, TOWN, OR LOCATION College Mound COUNTY Macon STATE Missouri
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21. I attended the deceased from June 5, 1958 to June 25, 1958 and last saw him alive on June 23, 1958 . Death occurred at 2:15 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) Lloyd Carroll R.O.	22b. ADDRESS Macon, Missouri	22c. DATE SIGNED 6/26/58
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE June 26, 1958	23c. NAME OF CEMETERY OR CREMATORY College Mound Cemetery	23d. LOCATION (City, town, or county) (State) College Mound, Mo
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24. FUNERAL DIRECTOR Fred A Thorpso ADDRESS Madison, Missouri	25. DATE RECD. BY LOCAL REG. 7/26/58	26. REGISTRAR'S SIGNATURE Mrs. Ruth McNeely
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1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

burial

Doc File 1-30-38

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 *Mrs Fred A. Kemp*

Licensed Embalmer No. *328*
P. O. Address *Madison*

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.