

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002208

STATE FILE NUMBER

FILED FEB 9 1959

Registration District No. 230.

Primary Registration District No. 810.

Registrar's No. 3.

300
-57

1. PLACE OF DEATH a. COUNTY MONTGOMERY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY MONTGOMERY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LOUTRE TWP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN 0100 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb 5YRS	d. STREET ADDRESS (If outside, give location) LOUTRE TWP Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First EARL Middle M. Last EDWARDS			4. DATE OF DEATH Month FEB Day 2 Year 1959			
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5. SEX MALE	6. COLOR OR RACE CAU.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH NOV. 28-1891	9. AGE (In years last birthday) 67	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) FARMER	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) GLASGOW Mo U	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME WM Edwards	13b. MOTHER'S MAIDEN NAME RECIA JONES	14. NAME OF HUSBAND OR WIFE MINNIE W. EDWARDS
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, not if unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT MINNIE EDWARDS Address NEW FLORENCE 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 Cardiac failure		INTERVAL BETWEEN ONSET AND DEATH 30 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary infarction	
	DUE TO (c) Arteriosclerotic coronary disease	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201		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 Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from Dec. 29, 1958 to Jan. 29, 1959 and last saw her alive on Jan 29, 1959 Death occurred at Feb. 2, 1959 8:55 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L. G. Jeter, M.D. (Degree or title)	22b. ADDRESS Hermann, Mo.	22c. DATE SIGNED 2/4/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2/5/1959	23c. NAME OF CEMETERY OR CREMATORY LIBERTY BAPT CEMETERY	23d. LOCATION (City, town, or county) (State) R7A NEW FLORENCE Mo
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24. FUNERAL DIRECTOR HUGO H. Blomser ADDRESS HERMANN Mo	25. DATE RECD. BY LOCAL REG. Feb. 5th 1959.	26. REGISTRAR'S SIGNATURE Mrs. Eunice Bush
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *August [Signature]*

Licensed Embalmer No. *3160*
P. O. Address *Howland Me*

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.