

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004185
STATE FILE NUMBER

FILED FEB 4 1959 Registration District No. 352 Primary Registration District No. 6187 Registrar's No. 9

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Taney</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cedar Creek</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Cedar Creek</u> 1066 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>home</u>		Length of stay in lb <u>1 wk</u>	d. STREET ADDRESS (If outside, give location) <u>rural</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>CAROLYN Louise Edwards</u>			4. DATE OF DEATH Month Day Year <u>JAN. 23, 1959</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 18, 1959</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR: Months <u>0</u> Days <u>5</u> IF UNDER 24 HRS.: Hours <u>0</u> Min. <u>0</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and state or country) <u>Branson, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>	

13a. FATHER'S NAME <u>Louis Edwards</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Edgin</u>		14. NAME OF HUSBAND OR WIFE <u>none</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. <u>none</u>		17. INFORMANT Address <u>Louis Edwards, Cedar Creek, Mo</u>			

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>Strangulation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>strangle on neck</u> DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>18</u>			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.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.						
20d. INJURY OCCURRED WHILE AT <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 <u>106</u> COUNTY STATE		

21. I attended the deceased from 1-23-59 to 1-23-59 and last saw her dead alive on 1-23-59
Death occurred at 10 am on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Name or title)
Helen Campbell, Local Registrar, Branson, Mo.

22b. ADDRESS
Branson, Mo.

22c. DATE SIGNED
1-29-59

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
1-25-59

23c. NAME OF CEMETERY OR CREMATORY
Coale Cemetery

23d. LOCATION (City, town, or county) (State)
Cedar Creek, Mo

24. FUNERAL DIRECTOR
W. H. H. H. H. ADDRESS Taney Mo

25. DATE RECD. BY LOCAL REG.
1-29-59

26. REGISTRAR'S SIGNATURE
Helen Campbell

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 *was not embalmed*, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Walter S. Cobb*

Licensed Embalmer No. *4731*

P. O. Address *San Jose, Ca*

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.