

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004218
STATE FILE NUMBER

FILED FEB 9 1959 Registration District No. 375 Primary Registration District No. 4283 Registrar's No. 395

300
1-57

1. PLACE OF DEATH a. COUNTY Wright		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Wright	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Elk Creek twp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Mountain Grove 1140 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hartville Route		Length of stay in lb 6 weeks	d. STREET ADDRESS (If outside, give location) 229 Lake Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Joel Middle W. Last Edwards			4. DATE OF DEATH Month January Day 26 Year 1959			
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 November 18, 1867	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months 1 Days 1 Hours 1 Min. 1	
10a. MAJOR OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Kentucky		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME George Edwards		13b. MOTHER'S MAIDEN NAME Margaret Woods		14. NAME OF HUSBAND OR WIFE Laura Alice Edwards		
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 Address Mrs Edria Venable Competition, Missouri			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Gastric Carcinoma DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 151X		INTERVAL BETWEEN ONSET AND DEATH 2 Days 1 year
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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 _____ a.m. _____ p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from **11-1-57** to **1-24-59** and last saw him alive on **1-24-59**
Death occurred at **3:00 P.m.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. A. Craig D.O. (Degree or title)	22b. ADDRESS 2 Mountain Grove Mo	22c. DATE SIGNED 1-31-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/28/1959	23c. NAME OF CEMETERY OR CREMATORY New Home Cemetery	23d. LOCATION (City, town, or county) (State) Wright County, Missouri
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24. FUNERAL DIRECTOR Barber Funeral Home	ADDRESS Mtn. Grove, Mo.	25. DATE RECD. BY LOCAL REG. 2/5/59	26. REGISTRAR'S SIGNATURE Donna J. Jones
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18 - no symptoms will be listed. All diseases in Part I must be causally related.

Date filed 02/16/1957
Col. 207
No. 117

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 [Signature]
Licensed Embalmer No. 3161
P. O. Address [Signature]

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.