

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004407

STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <b>Barry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Monett</b>		c. CITY OR TOWN <b>Monett</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Vincent Hos.</b>		Length of stay in lb <b>45 Yrs.</b>	
d. STREET ADDRESS <b>613 7th St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>HOSEA HENDERSON EDWARDS</b>			4. DATE OF DEATH Month Day Year <b>Feb. 8, 1959</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 4, 1887</b>
9. AGE (In years last birthday) <b>71</b>		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during rest of working life, even if retired) <b>Retired Frisco Railway Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Purdy, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>George R. Edwards</b>	
13b. MOTHER'S MAIDEN NAME <b>Caroline Birkes</b>		14. NAME OF HUSBAND OR WIFE <b>Jessie Edwards</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If <b>No</b> , give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>702-03-9822</b>	17. INFORMANT Address <b>Mrs. H. H. Edwards Monett, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral thrombosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>18 hrs</b>
DUE TO (b) <b>Arteriosclerosis</b>			
DUE TO (c) <b>REMI</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e.g., <b>1) Diabetes mellitus 2) Arteriosclerotic heart dis</b> )			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 COUNTY STATE	
21. I attended the deceased from Death occurred at <b>7-22-55</b> to <b>2-8-59</b> and last saw her alive on <b>2-8-59</b> <b>10:40 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>F. F. Edwards M.D.</b>		22b. ADDRESS <b>Monett, Mo.</b>	
22c. DATE SIGNED <b>2/9/59</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>2/11/59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F.</b>	
23d. LOCATION (City, town, or county) (State) <b>Monett, Mo.</b>		24. FUNERAL DIRECTOR ADDRESS <b>J. D. Buchanan Monett, Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>2-10-59</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. P. N. Cook</b>	

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

DATE REC. 2-24-59

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 *J. P. Buchanan* .....

Licensed Embalmer No. 3179.....

P. O. Address Monett, Mo.....

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.