Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008469
STATE FILE NUMBER

FILED MAR 23 1959

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 286

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: State Hosp.#2 — Length of stay in Ib: 3days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: Wallace c/o — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): General Del. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: MATT Middle: none Last: EDWARDS

4. DATE OF DEATH Month: Mar. Day: 13, Year: 1959

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: July 7,1876

9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Re. Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (City and state or country): Wallace Mo

12. CITIZEN OF WHAT COUNTRY? U.S. A.

13a. FATHER'S NAME: illiam Edwards

13b. MOTHER'S MAIDEN NAME: Martha Bush

14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Eugne Edwards Address: Wallace, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: Unk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) General Senile Debility — 20 yrs
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4 200

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 Mar. 10, 1959 to Mar. 13, 1959 and last saw her/him alive on Mar. 13, 1959
Death occurred at 8:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Mohammad Tahir M.D.

22b. ADDRESS: State Hosp. #2 St. Joseph, Mo

22c. DATE SIGNED: 3/13/59

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

23b. DATE: 3/15/59

23c. NAME OF CEMETERY OR CREMATORY: Turner Cemetery

23d. LOCATION (City, town, or county) (State): ~~Sty~~ Wallace Mo

24. FUNERAL DIRECTOR: John E. Rupp **ADDRESS:** St. Joseph, Mo

25. DATE RECD. BY LOCAL REG.: Mar. 19, 1959

26. REGISTRAR'S SIGNATURE: Mrs. Clark Hockell

(Licensed Embalmer's Statement on Reverse Side)

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.

Dr. Mohammad Tahir

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 John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph

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.