URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-030044

STATE FILE NUMBER

FILED VS AUG 23 1960

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 117

ENDED

1. PLACE OF DEATH
a. COUNTY: COOPER
b. CITY (If outside corporate limits, give ~~TOWNSHIP~~ only) ~~OR TOWN~~: BOONVILLE MO.
Length of stay in 1b: 7 HOURS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR ~~INSTITUTION~~: ST. JOSEPH HOSPITAL
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI
b. COUNTY: MONITEAU
c. CITY OR TOWN: NEAR PRAIRIE HOME MO.
Inside Limits: Yes ☐ No ☑
d. ~~STREET~~ ADDRESS (If outside, give location): JAMESTOWN MO RR#
Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): JOHN GARNETT EDWARDS
4. DATE OF DEATH: AUGUST 15 - 1960

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☑
8. DATE OF BIRTH: SEPT 10-1908
9. AGE (last birthday): 51
IF UNDER 1 YEAR: Months 11 Days 5
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARM HAND
10b. KIND OF BUSINESS OR INDUSTRY: FARM
11. BIRTHPLACE (City and state or country): MISSOURI
12. CITIZEN OF WHAT COUNTRY: US

13a. FATHER'S NAME: ROY EDWARDS, SR.
13b. MOTHER'S MAIDEN NAME: ANNA GARNETT
14. NAME OF ~~HUSBAND~~ OR WIFE: VIRGINIA 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.: 385-05-4605
17. INFORMANT: Gilbert L. Edwards
Address: Box 9061 - Riverside 50, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Brain injury
INTERVAL BETWEEN ONSET AND DEATH: 8 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Fractured skull
DUE TO (c): Violence

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☑ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Autowreck injury

20c. TIME OF INJURY: 1:00 Hour ~~a.m.~~ p.m. Month, Day, Year: 8/15/60

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.): Town street
20f. CITY, TOWN, OR LOCATION: Prairie Home
COUNTY: Cooper
STATE: Mo

21. I attended the deceased from Aug 15-60 to Aug 15-60 and last saw ~~her~~ him alive on Aug 15-60
Death occurred at 9:10 P M m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title): M L Dickraeger MD
22b. ADDRESS: Boonville Mo
22c. DATE SIGNED: 8/16/60

23a. BURIAL, ~~CREMATION~~, REMOVAL (Specify): BURIAL
23b. DATE: AUG 17-1960
23c. NAME OF CEMETERY ~~OR CREMATORY~~: NEW HOPE
23d. LOCATION (City, town, or county) (State): NEAR CENTERTOWN, MO

24. FUNERAL DIRECTOR ADDRESS: GALBERT HORNBECK PRAIRIE HOME MO.
25. DATE RECD. BY LOCAL REG.: 8/17/60
26. REGISTRAR'S SIGNATURE: D E Hooper

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed E. Albert Hornbeck

Signature of Student Embalmer

Licensed Embalmer No. 2714

P. O. Address Prairie Home

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.