

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013481

STATE FILE NUMBER

Registration District No. 133 Primary Registration District No. _____ Registrar's No. 60

AMENDED

FILED MAY 15 1961

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Harrison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Union Twp.		Length of stay in Twp 8 years	c. CITY OR TOWN Ridgeway
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 1/2 Miles NW of Ridgeway, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5 1/2 miles NW of Ridgeway
3. NAME OF DECEASED (Type or print) First Pearl Middle (NONE) Last Edwards		4. DATE OF DEATH Month May Day 11 Year 1961	
5. SEX Female	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 1-6-1896
9. AGE (last birthday) 65		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) New Hampton, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME C. C. Blessing	
13b. MOTHER'S MAIDEN NAME Lydia M. Miller		14. NAME OF HUSBAND OR WIFE Newt 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 Mrs Ann Hiatt		Address RFD 4, Bethany, 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) Acute Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH 4 minutes.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Vascular Disease			years
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Congestive Heart Failure; Diabetes Mellitus		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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 WORK <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 9-24-59 to May 11, 1961 and last saw her/him alive on May 10, 1961 Death occurred at 11:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Albert D. Ribbe (Degree or title) M.D.		22b. ADDRESS Bethany, Mo.	22c. DATE SIGNED 5-13-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-14-1961	23c. NAME OF CEMETERY OR CREMATORY Mt Zion Cemetery	23d. LOCATION (City, town, or county) (State) Harrison County Missouri
24. FUNERAL DIRECTOR W. George Noll ADDRESS Bethany, Mo.		25. DATE RECD. BY LOCAL REG. 5-13-1961	26. REGISTRAR'S SIGNATURE Jella Maxey

DOCUMENT

MEDICAL CERTIFICATION

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

William George Noble

Licensed Embalmer No.

4987

P. O. Address

Bethany Md

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.