

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5407 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MISSOURI</b>		Length of stay in 1b <b>13 days</b>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>New Madrid</b>		c. CITY OR TOWN <b>Portageville</b>		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>BARNES HOSPITAL</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS <b>none</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First <b>HARRY</b> Middle <b>ALLEN</b> Last <b>EDWARDS</b>			4. DATE OF DEATH Month <b>JUNE</b> Day <b>9</b> Year <b>1961</b>			5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>1910</b>	9. AGE (last birthday) <b>50</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	IF UNDER 1 YEAR Hours	IF UNDER 24 HR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>General</b>		11. BIRTHPLACE (City and state or country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>							
13a. FATHER'S NAME <b>Mike Edwards</b>				13b. MOTHER'S MAIDEN NAME <b>Ollie (not known)</b>			14. NAME OF HUSBAND OR WIFE <b>Divorced</b>								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT <b>Mrs. Mike Edwards - Portageville,</b> Address									
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH					
IMMEDIATE CAUSE (a) <b>AORTIC THROMBOSIS</b>										<b>Mo.</b> <b>2 DAYS</b>					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										<b>8 YEARS</b>					
DUE TO (b) <b>GENERALIZED ARTERIOSCLEROSIS</b>															
DUE TO (c) <b>4500</b>															
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. <input type="checkbox"/> Yes <input 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 a.m. p.m.		Month, Day, Year													
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 <b>MAY 19, 1957</b> to <b>JUNE 9, 1961</b> and last saw her alive on <b>JUNE 9, 1961</b> Death occurred at <b>8:35 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>C.R. Vermillion, M.D.</b>				22b. ADDRESS <b>BARNES HOSPITAL</b>				22c. DATE SIGNED <b>6/9/61</b>							
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>6-11-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Portageville Cemetery</b>			23d. LOCATION (City, town, or county) (State) <b>Portageville, Missouri</b>									
24. FUNERAL DIRECTOR <b>[Signature]</b>		ADDRESS <b>E. St. Louis, Ill.</b>		25. DATE RECD. BY LOCAL REG. <b>JUN 9 1961</b>		26. REGISTRAR'S SIGNATURE <b>[Signature]</b>									

JUN 28 1961

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 J. Kinsley III*

Licensed Embalmer No. 5039

P. O. Address

E. St. Louis

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.