

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-030207

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 251

Primary Registration District No. _____

Registrar's No. 168

STATE FILE NUMBER

AMENDED

FILED AUG 28 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Nodaway	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sheridan	a. STATE Missouri COUNTY Nodaway	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Length of stay in 1b 15 yrs.		c. CITY OR TOWN Sheridan	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Family home		d. STREET ADDRESS (If outside, give location) 6 3/4 miles SW	
3. NAME OF DECEASED (Type or print) First Middle Last BERTHA L. EDWARDS		4. DATE OF DEATH Month Day Year 8 23 61	
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 8/22/78
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	9. AGE (last birthday) 83
11. BIRTHPLACE (City and state or country) Shenandoah, Ia.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William G. Merkle		13b. MOTHER'S MAIDEN NAME Carolyn Knoos	14. NAME OF HUSBAND OR WIFE Frank 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. none	17. INFORMANT Frank Edwards, Sheridan, 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) Cerebrovascular hemorrhage secondary to arteriosclerosis DUE TO (b) arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 2
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 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 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 8/23/61	COUNTY STATE
21. I attended the deceased from 5:30 to P on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>B. J. Byland</i> (Degree or title) M. D.		22b. ADDRESS Maryville, Missouri	22c. DATE SIGNED 8/24/61
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 8/26/61	23c. NAME OF CEMETERY OR CREMATORY Nodaway Memorial Gardens, Maryville, Missouri	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR Price Funeral Home, Maryville, Mo.		25. DATE RECD. BY LOCAL REG. 8-24 61	26. REGISTRAR'S SIGNATURE <i>Bess / bolt</i>

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

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 W. Price
Licensed Embalmer No. 4281

P. O. Address Maryville

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.