

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-010383

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 39 Primary Registration District No. 3006 Registrar's No. 253

STATE FILE NUMBER

VS 300
Rev. 4/59

1 6/109
2 C/O
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4 1
5 2
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7 0
8 2
9 934X
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12 1-0
13 3-0

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

USE BLACK INK OR TYPEWRITER RIBBON

FILED APR 4 1963

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia Length of stay in 1b 6 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone County Hospit Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Boone
c. CITY OR TOWN Ashland Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) R.F.D - 1 Reside on Farm Yes No

3. NAME OF DECEASED First Cora Middle Edwards Last Edwards
4. DATE OF DEATH Month April Day 1 Year 1963

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH Jan. 23-1871 9. AGE (last birthday) 92
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
11. BIRTHPLACE (City and state or country) Clark, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John Spurling 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE
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 Address John Edwards Ashland, Mo.

18. CAUSE OF DEATH (Enter only one cause)
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cerebral arteriosclerosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____
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.)
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m.

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 28 Mar 63 to 1 Apr 63 and last saw her alive on 1 Apr 63
Death occurred at 2:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Roland P Jadczyk MD 22b. ADDRESS Columbia Mo 22c. DATE SIGNED 2 Apr 63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE April 3-1963 23c. NAME OF CEMETERY OR CREMATORY Nashville Cemetery 23d. LOCATION (City, town, or county) (State) Columbia-Rural Mo.

24. FUNERAL DIRECTOR ADDRESS Wm C. Burnett Ashland, Mo 25. DATE RECD. BY LOCAL REG. Apr 2, 1963 26. REGISTRAR'S SIGNATURE Wm R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

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 W^m L. Burnett

Licensed Embalmer No. 3564

P. O. Address Ashland Mo

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.