

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1724

FILED FEB 14 1949

BIRTH NO. _____ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 4266 Registrar's No. 4

WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY OR TOWN <u>Wellington</u>		c. CITY OR TOWN <u>Wellington</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Daniel</u> c. (Last) <u>Edwards</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 31 1949</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>June 15, 1866</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months _____	IF UNDER 4 Hrs. Hours _____	IF UNDER 15 Min. Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>		11. BIRTHPLACE (State or foreign country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>David Edwards</u>	13b. MOTHER'S MAIDEN NAME <u>MARTHA KIFFER</u>	14. NAME OF HUSBAND OR WIFE <u>Julia A. Edwards</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Frank D Edwards</u>	ADDRESS <u>Wellington</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary & Systemic Arteriosclerosis</u> <u>5 years</u>		
	DUE TO (c) <u>and Cardiac Recompensation</u> <u>2 years</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4 mo</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Jan. 30, 1949, to Jan. 31, 1949, that I last saw the deceased alive on Jan. 30, 1949, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Death or title) <u>[Signature]</u>	23b. ADDRESS <u>1207 Wellington, Mo.</u>	23c. DATE SIGNED <u>2/1/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Feb. 2, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wellington City</u>	24d. LOCATION (City, town, or county) (State) <u>Wellington, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Feb. 2-1949</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Wellington Mo</u>
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RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-11-49

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
Student Embalmer

Signed J. Blair Sheppard

Licensed Embalmer No. 4179

P. O. Address Wellingford, 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 this body is not embalmed, fact should be so stated above.