

FILED FEB 24 1949

STANDARD CERTIFICATE OF DEATH

State File No. 4022

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 39 PRIMARY REG. DIST. NO. 3006 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>22 Sunset Lane</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>22 Sunset Lane</u>			
3. NAME OF DECEASED a. (First) <u>James Monroe</u> b. (Middle) _____ c. (Last) <u>Edwards</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 8 1949</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 8 1874</u>
9. AGE (In years last birthday) <u>74</u>		10. MONTHS <u>9</u> DAYS <u>8</u> HOURS <u>1</u> MIN. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	
11. BIRTHPLACE (State or foreign country) <u>Boone Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>John Monroe Edwards</u>		13b. MOTHER'S MAIDEN NAME <u>Alouisa Ellen Telford</u>	
13c. NAME OF HUSBAND OR WIFE <u>Theresa Edwards</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Ollie Edwards</u>		ADDRESS <u>Columbia</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <u>Acute Insufficiency of the Heart</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Arthritis</u>			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) _____			
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? _____			
22. I hereby certify that I attended the deceased from <u>Sept. 1, 1948</u> , to <u>Feb. 8, 1949</u> , that I last saw the deceased alive on <u>Feb. 5, 1949</u> , and that death occurred at <u>4:30 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>H. B. Bryant M.D.</u>		23b. ADDRESS <u>Ashtland Mo</u>	
23c. DATE SIGNED <u>2-15-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 10 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Nashville</u>		24d. LOCATION (City, town, or county) (State) <u>Boone Co - Cedar T. O. Mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 17 1949</u>		REGISTRAR'S SIGNATURE <u>Mrs. R. E. Palmer</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>T. O. Wickett</u>		ADDRESS <u>Columbia Mo</u>	

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed FEB 23 1949

DEC 19 1952

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, Orby

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Lynnan W. Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.