

FILED MAR 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8155

BIRTH NO. _____		REG. DIST. NO. 133		PRIMARY REG. DIST. NO. 3022		Registrar's No. 78			
1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>					
b. CITY OR TOWN <u>Bethany</u>		c. LENGTH OF STAY (in this place) <u>56 yrs</u>		c. CITY OR TOWN <u>Bethany</u>		d. STREET ADDRESS (If rural, give location)			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) <u>Floyd</u>			a. (First) <u>L.</u>		b. (Middle) <u>Edwards</u>		c. (Last)		
4. DATE OF DEATH <u>March 14, 1949</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 23, 1892</u>		9. AGE (In years last birthday) <u>56</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Recreation Hall Employee</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Bethany, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Charles W. Edwards</u>		13b. MOTHER'S MAIDEN NAME <u>Cornelia Ann Luellen</u>		14. NAME OF HUSBAND OR WIFE <u>Clara Edwards</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>	
16. SOCIAL SECURITY NO. <u>W.W.I</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ernest V. Edwards</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Coronary occlusion</u> *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Coronary artery disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>4201</u> Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>20 min.</u> <u>12 years</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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>4-13, 1947</u> to <u>3-14, 1949</u> , that I last saw the deceased alive on <u>3-14, 1949</u> , and that death occurred at <u>2 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Merriam Leach</u>		23b. ADDRESS <u>Bethany Mo</u>		23c. DATE SIGNED <u>3/18/49</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 17, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Prairie Chapel</u>					
24d. LOCATION (City, town, or county) (State) <u>Harrison County, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Joe E. Wheeler</u>		ADDRESS <u>Bethany Mo.</u>					
DATE REC'D BY LOCAL REG. <u>Mar. 18-49</u>		REGISTRAR'S SIGNATURE <u>Zola Beavis</u>		116					

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

MAR 30 1952

APR 7 1949

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 _____

Licensed Embalmer No. Joe E. Wheeler
3572

P. O. Address Bethany, 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.