

FILED APR 4 1949

STANDARD CERTIFICATE OF DEATH

State File No. 8815 Registrar's No. 125

49 25

BIRTH NO. REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 200

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JOPLIN</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JOPLIN</b>	
c. LENGTH OF STAY (In this place) <b>14 yrs</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2527 Bvers</b>		d. STREET ADDRESS (If rural, give location) <b>2527 Bvers</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>DANIEL</b> b. (Middle) <b>WALLACE</b> c. (Last) <b>EDWARDS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>3 19 49</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>April 21, 1870</b>	9. AGE (In years last birthday) <b>78</b>	10. UNDER 1 YEAR Month Days Hours <b>10 28</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Illinois</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>James Edwards</b>	13b. MOTHER'S MAIDEN NAME <b>Barbara Pennell</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Donna Williams</b>	ADDRESS <b>Joplin, Mo.</b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>10 min</b>  <b>?</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Mitral heart disease</b> 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	19b. MAJOR FINDINGS OF OPERATION <b>40</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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 **3-19**, 19**49**, to **3-19**, 19**49** that I last saw the deceased alive on **3-19**, 19**49**, and that death occurred at **Ma.**, from the causes and on the date stated above.

23a. SIGNATURE <b>E.H. Hamilton, M.D.</b>	23b. ADDRESS <b>Fruco Bldg, Joplin, Mo.</b>	23c. DATE SIGNED <b>3-19-49</b>
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24a. BIRTH, CRAMA (Specify)	24b. DATE <b>3-21-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Nagle Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Cabool Ma.</b>
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DATE REC'D BY LOCAL REG. <b>3-29-49</b>	REGISTRAR'S SIGNATURE <b>Edw James</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Parker-Hunsaker</b>	ADDRESS <b>Mortuary, Joplin, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.

Signed F. M. Jones.....

Licensed Embalmer No. 2319.....

Signed.....  
Student Embalmer

P. O. Address Gap Hill 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.