FILED JUL 23 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24133

BIRTH NO. _____ REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 5777 Registrar's No. 9-49

1. PLACE OF DEATH
a. COUNTY: Miller Co
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Equality
c. LENGTH OF STAY (In this place): 0 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2½ mi. So of Tuscumbia

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission):
a. STATE: Missouri
b. COUNTY: Miller
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tuscumbia Mo
d. STREET ADDRESS (If rural, give location): Tuscumbia Mo

3. NAME OF DECEASED (Type or Print)
a. (First): Cathern
b. (Middle): Francis
c. (Last): Edwards

4. DATE OF DEATH (Month) (Day) (Year): July 11 1949

5. SEX: 1 Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct 6 1870
9. AGE (In years last birthday): 78 | IF UNDER 1 YEAR Months: 9 | Days: 5 | IF UNDER 24 HRS. 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: Homelife
11. BIRTHPLACE (State or foreign country): Miller Co Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Joseph Bede
13b. MOTHER'S MAIDEN NAME: Sarah Barnhardt
14. NAME OF HUSBAND OR WIFE: Louis Edwards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: George Edwards Tuscumbia Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gropleg — INTERVAL BETWEEN ONSET AND DEATH: 4 Wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes Mellitus — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 360 X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1939, *to* July 11, 1949, *that I last saw the deceased alive on* July 11, 1949, *and that death occurred at* 12:30 mP *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. E. Humphreys D.O.
23b. ADDRESS: Tuscumbia, Mo.
23c. DATE SIGNED: 7-12-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 13 49
24c. NAME OF CEMETERY OR CREMATORY: Tuscumbia Cem.
24d. LOCATION (City, town, or county) (State): Tuscumbia Mo

DATE REC'D BY LOCAL REG.: July 13, 1949
REGISTRAR'S SIGNATURE: Mrs. Richard L. Wright 391
25. FUNERAL DIRECTOR'S SIGNATURE: Keith McKeys
ADDRESS: Eldon Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 20 1949
District Health Officer No. 9,
District File Number.....

JUL 23 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 Keith McKeys

Licensed Embalmer No. B 99 8

P. O. Address Eldon M

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.