

FILED OCT 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29792

BIRTH NO. 63997-49 REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 123

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u>	c. LENGTH OF STAY (If in this place) <u>29</u> hours	c. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Presnell Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>GEN. DEL.</u>	

3. NAME OF DECEASED (Type or Print) <u>Unnamed Baby Boy Edwards</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>9 24 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>Newborn</u>	8. DATE OF BIRTH <u>9-23-49</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Days IF UNDER 1 YEAR Hours Min. <u>1 4 55</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Presnell Hospital, Kennett, MO. USA</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Betty Sue Edwards</u>	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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Betty Sue Edwards</u>	ADDRESS <u>Haleyville, Ala</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Atelectasis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>7620</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	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 9-23, 1949, to 9-24, 1949, that I last saw the deceased alive on 9-24, 1949, and that death occurred at 8:00P m., from the causes and on the date stated above.

23a. SIGNATURE <u>L.C. Wilson MD</u>	(Degree or title)	23b. ADDRESS <u>Kennett Mo.</u>	23c. DATE SIGNED <u>9-25-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>9-25-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Marsh</u>	24d. LOCATION (City, town, or county) (State) <u>Kennett, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Oct 12-49</u>	REGISTRAR'S SIGNATURE <u>Carl Huskard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lesley Edwards, father</u>	ADDRESS <u>Kennett, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

35
2

OCT 10 1949
RECEIVED
District Health Office No. 2
District File Number 1049-10
Date Filed _____

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. _____

P. O. Address _____

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.