

FILED FEB 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 71

BIRTH NO. _____		REG. DIST. NO. 8		PRIMARY REG. DIST. NO. 4021		Registrar's No. 1	
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>			
b. CITY OR TOWN <u>Laddonia, Mo.</u>		c. LENGTH OF STAY (in this place) <u>1 mo.</u>		c. CITY OR TOWN <u>Laddonia, Mo.</u>		0040	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Britton Nursing Home</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>Edwin</u>		c. (Last) <u>Edwards</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 23 1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED; NEVER MARRIED; WIDOWED; DIVORCED (Specify)		8. DATE OF BIRTH <u>April, 23, 1876</u>	
9. AGE (In years last birthday) <u>76</u>		10. KIND OF BUSINESS OR INDUSTRY <u>farming</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>		13a. FATHER'S NAME <u>John A. Edwards</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Smith</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Charles Edwards</u>		ADDRESS <u>Laddonia, Mo.</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH <u>chronic</u> ANTECEDENT CAUSES Morbidity 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>Paralysis right side due to apoplexy</u> <u>10 weeks</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) (m.)		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>Nov 1, 1949</u> , to <u>Jan 23, 1950</u> , that I last saw the deceased alive on <u>1-22</u> , 19 <u>50</u> , and that death occurred at <u>5 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. K. McYeall M.D.</u>				23b. ADDRESS <u>Laddonia Mo</u>		23c. DATE SIGNED <u>1-24-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 24, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Laddonia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Laddonia Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-24-50</u>		REGISTRAR'S SIGNATURE <u>Martha Kenner</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wilbur Bienthoff, Laddonia Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 1 1950  
District Health Officer No. 10  
District File Number 2-50-21  
Date Filed FEB 1 1950

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 *John F. Elliott*

Licensed Embalmer No. 4613

P. O. Address *Larry, 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.