

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7622**

FILED MAR 17 1950

BIRTH NO. _____ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **72**

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia	
c. LENGTH OF STAY (in this place) 5yrs		d. STREET ADDRESS (If rural, give location) 1903 Taft Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION Boone County Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) MACK c. (Last) EDWARDS			4. DATE OF DEATH (Month) (Day) (Year) March 7, 1950		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 29, 1867	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Mins. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Boone County Missouri	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME Wm. B. Edwards	13b. MOTHER'S MAIDEN NAME Ellen Gilpin	14. NAME OF husband OR WIFE Louise Edwards
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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) No	16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Eula Wilson, Columbia, Mo.
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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 one day several years 4 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, hypostatic		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio sclerotic heart disease DUE TO (c) aging		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Influenza			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 4900
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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?
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22. I hereby certify that I attended the deceased from **Mar. 6, 1950**, to **Mar. 7, 1950**, that I last saw the deceased alive on **Mar. 7, 1950**, and that death occurred at **1:05 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Inscribed or title) Maurice E. Cooper, M.D.	23b. ADDRESS Columbia, Mo.	23c. DATE SIGNED Mar. 8, 1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 9, 1950	24c. NAME OF CEMETERY OR CREMATORY Nashville	24d. LOCATION (City, town, or county) (State) Columbia, Boone Co., Mo.
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DATE REC'D BY LOCAL REG. Mar. 9 1950	REGISTRAR'S SIGNATURE Mrs. R.E. Palmer	31	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R.O. [Signature], Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300
0.48

RECEIVED
MAR 13 1950
District Health Officer No. 96
District File Number

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, ~~and~~ _____

Student Embalmer No. _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed *Ernest F. Sprinkle*

Licensed Embalmer No. *4013*

P. O. Address *Columbia, 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.