

FILED APR 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9952

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 824

088

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

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Randolph</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo.</u><br>b. COUNTY _____ |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Moberly</u> | c. LENGTH OF STAY (In this place)<br><u>Unknown</u> | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Jacksonville, Mo 0880</u>                             |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Whitaker Hosp.</u>                       |   | d. STREET ADDRESS<br>(If rural, give location)<br><u>0</u>   |  |

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Anna</u><br>b. (Middle) <u>May</u><br>c. (Last) <u>Edwards</u> |  |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>Mar. 31, 1950</u> |  |  |
| 5. SEX<br><u>Female</u>  |  | 6. COLOR OR RACE<br><u>White</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widowed</u> |  |
| 8. DATE OF BIRTH<br><u>June 14, 1870</u>   |  | 9. AGE (In years last birthday) <u>79</u>   |  | 10. IF UNDER 1 YEAR<br>Months _____ Days _____                           |  |
| 11. IF UNDER 16 HRS.<br>Hours _____ Min. _____   |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u> |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Own Home</u>                     |  |
| 11. BIRTHPLACE (State or foreign country)<br><u>Monroe Co., Mo.</u>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |  |  |  |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 13a. FATHER'S NAME<br><u>James Mc Creed</u>   |  | 13b. MOTHER'S MAIDEN NAME<br><u>Unknown</u> |  | 14. NAME OF HUSBAND OR WIFE<br><u>Rueben Edwards</u>         |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> |  | 16. SOCIAL SECURITY NO.<br><u>None</u>      |  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Orville Brissett</u> |  |
|   |  |   |  | ADDRESS<br><u>Jacksonville Mo.</u>                           |  |

|   |  |  |                                  |
|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic interstitial nephritis</u>   |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____               |  |                                  |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>myocarditis. 92X</u> |  |                                  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 19a. DATE OF OPERATION                          |  | 19b. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input 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) |  | 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 2-17-50, to 3-31-50, 1950, that I last saw the deceased alive on 3-31-50, 1950, and that death occurred at 6:30 pm., from the causes and on the date stated above.

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 23a. SIGNATURE (Degree or title)<br><u>E. T. Whitaker DO.</u>             |  | 23b. ADDRESS<br><u>Moberly, Mo.</u>                       |  | 23c. DATE SIGNED<br><u>3-31-50</u>                 |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>                |  | 24b. DATE<br><u>4/2/50</u>                                |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Galem</u> |  |
| 24d. LOCATION (City, town, or county) (State)<br><u>Randolph Co., Mo.</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Albert Skinner</u> |  |  |  |
| 25. ADDRESS<br><u>Mason</u>   |  | DATE REC'D BY LOCAL REG.<br><u>4-2-50</u>                 |  |  |  |
| REGISTRAR'S SIGNATURE<br><u>Leah Williams</u>                             |  |   |  |  |  |

*Mrs. Hester Lawrence*

RECEIVED APR 10 1950  
Public Health Officer No. 10  
District Number 4-50-605  
Date Filed APR 10 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 *Albert Skinner*

Licensed Embalmer No. 75-1

P. O. Address *Macon 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.