

BIRTH NO. _____ REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 6000 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Ralls County</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>		
b. CITY: (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Jasper Township)</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Jasper Township)</u>		0810
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 Miles North of Vandalia</u>			d. STREET ADDRESS (If rural, give location) <u>Rural 5 Mi North of Vandalia</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rancie</u> b. (Middle) <u>Lou</u> c. (Last) <u>Edwards</u>		4. DATE OF DEATH (Month) / (Day) (Year) <u>4</u> / <u>5</u> / <u>1950</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March, 27, 1883</u>
9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>8</u>	IF UNDER 1 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Audrain County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Frances Herlinger</u>	13b. MOTHER'S MAIDEN NAME <u>Lou Frances Herlinger</u>	14. NAME OF HUSBAND OR WIFE <u>Mr. Ethel Edwards</u>
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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) <u>No.</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Ethel Edwards</u>	ADDRESS <u>Vandalia Mo.</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2/6/48</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension</u>		
	DUE TO (c) <u>arterio sclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>331X</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 July, 1948, to April 5, 1950, that I last saw the deceased alive on June 19, 1950, and that death occurred at 10:47 m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. H. Bland M.D.</u>	(Degree or title)	23b. ADDRESS <u>Vandalia Mo.</u>	23c. DATE SIGNED <u>4/7/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 7, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ladonia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ladonia Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4/13/50</u>	REGISTRAR'S SIGNATURE <u>Clyde W. Wiley</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde W. Wiley</u>	ADDRESS <u>Ladonia</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED APR 18 1950
District Health Officer No. 10
District File Number 4-57-68
Date Filed APR 18 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Clyde C. Wilkey

Signed.....
Student Embalmer

Licensed Embalmer No. 3820

P. O. Address *Le Roy, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.