No. 300
10-48

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

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15874

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. 40

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Centralia
c. LENGTH OF STAY (In this place): 21 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.7.D. # 5 (Within City limits).

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Boone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hallsville 010
d. STREET ADDRESS (If rural, give location): R.7.D. # 5 - S. East, 8 mi..

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): —
c. (Last): Edwards

4. DATE OF DEATH (Month) (Day) (Year): May - 25 - 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 16 - 1870
9. AGE (In years last birthday): 79 — If under 1 year: Months 7, Days 9 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Boone County, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Joseph R. Riggs
13b. MOTHER'S MAIDEN NAME: Elizabeth Houston
14. NAME OF HUSBAND OR WIFE: John M. Edwards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: J. Creed Edwards — **ADDRESS**: Centralia, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 21 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Hypertension

DUE TO (c): Uremia — 331X

II. OTHER SIGNIFICANT CONDITIONS: Dry Gangrene of Rt. foot. — 9 days.

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 12-22-49, *to* 5-24-50, 19____, *that I last saw the deceased alive on* 5-24-50, 19____, *and that death occurred at* 10:35 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): P. O. Baker M.D.
23b. ADDRESS: Centralia - Mo
23c. DATE SIGNED: 5-25-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May - 27 - 1950
24c. NAME OF CEMETERY OR CREMATORY: Hickory Grove Cemetery
24d. LOCATION (City, town, or county) (State): 11 mi. So. Centralia, Mo..

DATE REC'D BY LOCAL REG.: May 26 - 1950
REGISTRAR'S SIGNATURE: Maud McBride 30
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Paul G. Ballew, Centralia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAY 29 1960
District Health Officer No. 9.
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, or by .....

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Paul J. Ballew

Licensed Embalmer No. 4206

P. O. Address Centralia, 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.