S. No. 300
10.48

FILED MAY 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16078

BIRTH NO. _____ REG. DIST. NO. [redacted] 49 PRIMARY REG. DIST. NO. 4D69 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY CAMDEN	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY ~~[illegible]~~ Camden
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) MACKS CREEK c. LENGTH OF STAY (in this place) LIFE	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Macks Creek
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)	d. STREET ADDRESS (If rural, give location) 3150

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) THOMAS	c. (Last) EDWARDS	4. DATE OF DEATH (Month) 4- (Day) 28 (Year) -50
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 4-3-1872	9. AGE (In years last birthday) 78 — IF UNDER 1 YEAR Months Days 25 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Camden Co Mo.	12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME John Edwards	13b. MOTHER'S MAIDEN NAME Mary Cox	14. NAME OF HUSBAND OR WIFE Widowed		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Burla Eidson Macks Creek Mo.	ADDRESS	

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Uremia	one month
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Chronic Interstitial Nephritis	about 5 years
DUE TO (c)	Arteriosclerosis	about 10 years
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		592X

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* Jan 1st, 1948 *to* Apr. 28th, 1950, *that I last saw the deceased alive on* Apr 28th, 1950, *and that death occurred at* 11:45 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE G. T. Myers (Degree or title) M.D.	23b. ADDRESS Macks Creek Mo	23c. DATE SIGNED 5-11-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-30-1950	24c. NAME OF CEMETERY OR CREMATORY Macks Creek	24d. LOCATION (City, town, or county) Macks Creek (State) Mo.
DATE REC'D BY LOCAL REG. 5-11-50	REGISTRAR'S SIGNATURE G. T. Myers M.D. 41	25. FUNERAL DIRECTOR'S SIGNATURE L B Jones ADDRESS Buffalo Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-16-50
District Health Officer No. 7
District File Number 4-50-519
Date Filed 5-16-50

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 Leonard B. Jones

Licensed Embalmer No. 2508

P. O. Address Buffalo N

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.