FILED MAY 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16186

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 3014 Registrar's No. 37

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Liberty
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 400 E. Franklin

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Clay
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Liberty 0241
d. STREET ADDRESS (If rural, give location): 400 E. Franklin 0

3. NAME OF DECEASED (Type or Print)
a. (First): Edgar
b. (Middle):
c. (Last): Archer

4. DATE OF DEATH (Month) May (Day) 18 (Year) 1950

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 7 1880

9. AGE (In years last birthday): 69 — If under 1 year: Months 8, Days 11 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Funeral Director

10b. KIND OF BUSINESS OR INDUSTRY: Mortuary

11. BIRTHPLACE (State or foreign country): Clay County Missouri 0

12. CITIZEN OF WHAT COUNTRY?: US,

13a. FATHER'S NAME: Uriah C. Archer

13b. MOTHER'S MAIDEN NAME: Sallie Ann Crockett

14. NAME OF HUSBAND OR WIFE: Mayme Archer

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.: 495-07-2727

17. INFORMANT'S SIGNATURE OR NAME: Mayme Archer — ADDRESS: Liberty, Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rt. Heart Failure - Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

ANTECEDENT CAUSES

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

DUE TO (b) Coronary Heart Disease & Infarction — 5 mo

DUE TO (c) Hypertension — Indef.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 4201

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* _____ 1940 *to* May 18, 1950, *that I last saw the deceased alive on* May 18, 1950, *and that death occurred at* 9:40 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE: Glenn W. Hardin MD (Degree or title) — **23b. ADDRESS**: Liberty, Mo — **23c. DATE SIGNED**: 5/18/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0

24b. DATE: May 20, 1950

24c. NAME OF CEMETERY OR CREMATORY: Mt. Memorial Cemetery

24d. LOCATION (City, town, or county) (State): Liberty, Missouri

DATE REC'D BY LOCAL REG.: May 20 1950

REGISTRAR'S SIGNATURE: Minnie Haynes 64 0

25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: Church-Archer Co. Liberty, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAY 22
District Health Officer No. 8,
District File Number
Date Filed 5/22/42

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 Glenn D. Neill

Licensed Embalmer No. 4586

P. O. Address Box 47 Avondale

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

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