

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19793**

FILED JUN 21 1950

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. **5327** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Crowford</b>		2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Crowford</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Union</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Union</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>Near West MO</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Louis</b> b. (Middle) <b>Palmer</b> c. (Last) <b>Edger</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>5-29-1950</b>				
5. SEX <b>M</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 7, 1881</b>	9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months <b>5</b>	IF UNDER 1 HR. Days <b>7</b>	IF UNDER 1 MIN. Hours <b>7</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>U.S.A.</b>		12. CITIZEN OF WHAT COUNTRY? <b>American</b>	

13a. FATHER'S NAME <b>William D. Edger</b>		13b. MOTHER'S MAIDEN NAME <b>Russell Roberts</b>		14. NAME OF HUSBAND OR WIFE <b>Maude Edger</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS	

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>4 yrs</b>  <b>4214</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Valvular Disease of heart</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS 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 <input type="checkbox"/> NO <input checked="" 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 **June 1, 1946**, to **5-29, 1950**, that I last saw the deceased alive on **May 23, 1950**, and that death occurred at **3 hr m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>L. Palmer</b>	23b. ADDRESS <b>Steeleville, MO</b>	23c. DATE SIGNED <b>6-10-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY <b>Fleming Cemetery</b>
		24d. LOCATION (City, town, or county) (State) <b>Near Cherryville MO</b>

DATE REC'D BY LOCAL REG. <b>6-16-50</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>L. J. Jones &amp; Son Steeleville, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 6-20-50  
District Health Officer No. 5,  
District File Number 650366  
Date Filed 6-20-50

JUL - 7 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 \_\_\_\_\_

*Amy M. Jones*  
working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

Signed *Amy M. Jones*  
Licensed Embalmer No. 2438

P. O. Address *Stebbins*

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.