

FILED JUL 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25784

BIRTH NO. _____ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 6129 Registrar's No. 73

1. PLACE OF DEATH: a. COUNTY Shannon			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Shannon		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jackson		c. LENGTH OF STAY (in this place) 40 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jackson		
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) 1010		
3. NAME OF DECEASED (Type or Print) JOHN	a. (First)	b. (Middle) WESLEY	c. (Last) EDWARDS	4. DATE OF DEATH July 11 50	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 24, 1860	9. AGE (In years last birthday) 90	10. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Nellie		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. C	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Dea Edwards, Hatcher, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General debility & heart DUE TO (c) Chronic Pul. Tuberculosis					INTERVAL BETWEEN ONSET AND DEATH years 10 2X
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 _____, 19____, to 7-9-1950, that I last saw the deceased alive on 7-9-1950, and that death occurred at 11:00 a. m., from the causes and on the date stated above.					
23a. SIGNATURE Rufus F. W. _____ (Degree or title)			23b. ADDRESS Summerhill, Mo.		23c. DATE SIGNED 7-13-50
24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE 7-13-50	24c. NAME OF CEMETERY OR CREMATORY Antioch	24d. LOCATION (City, town, or county) (State) Has-C Mo		
DATE REC'D BY LOCAL REG. 7/24/50	REGISTRAR'S SIGNATURE H. H. _____		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS 306 U. C. Elliott, Avon, Mo.		

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

RECEIVED JUL 25 1950

District Health Office No. 6,

District File Number _____

Date Filed _____

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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, M

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.