FILED FEB 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43657

BIRTH NO. _____ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 5821 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY: New Madrid
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R#3 Sikeston, Mo
c. LENGTH OF STAY (in this place): 6 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: New Madrid
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R#3 Sikeston, Mo
d. STREET ADDRESS (If rural, give location): 0

0720

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

4. DATE OF DEATH (Month): 12 (Day): 30 (Year): 1950

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W 2
8. DATE OF BIRTH: 10/28/78
9. AGE (In years last birthday): 72 — If under 1 year: Months 2, Days 2 — If under 24 hrs.: Hours, Min.

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

13a. FATHER'S NAME: William S. Saylers
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE:

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: W.H. Edwards R # 3 Sikeston, Mo — 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

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

ANTECEDENT CAUSES

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

DUE TO (b) Asterisbelenosis

DUE TO (c)

331X

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 ☐ 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* 6-21, 1950, *to* 12-30, 1950, *that I last saw the deceased alive on* 12-30, 1950, *and that death occurred at* 9.15 m, *from the causes and on the date stated above.*

23a. SIGNATURE: B.L. McMillin (Degree or title) D.O.
23b. ADDRESS: Stallcup Bldg Sikeston Mo
23c. DATE SIGNED: 1-6-1951

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/31/50
24c. NAME OF CEMETERY OR CREMATORY: Matthews Cemetery
24d. LOCATION (City, town, or county) (State): Matthews, Mo

DATE REC'D BY LOCAL REG.: 1-19-'51
REGISTRAR'S SIGNATURE: Helen Lowe Jones
FUNERAL DIRECTOR'S SIGNATURE: Mary Jones
ADDRESS: Sikeston Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

FEB 5 1951

DISTRICT HEALTH OFFICE No. (

No.....

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 John Allerton

Licensed Embalmer No. 2941

P. O. Address Sikeston

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.