

FILED APR 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11312

BIRTH NO. _____ REG. DIST. NO. 353 PRIMARY REG. DIST. NO. 6196 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Licking</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Licking 1070 Mo</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) W c. (Last) Edgar 4. DATE OF DEATH (Month) (Day) (Year) Mar 1 1951

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Aug 2, 1895 9. AGE (In years last birthday) 55 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rail Road 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) Beulah Mo 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Alex. Edgar 13b. MOTHER'S MAIDEN NAME Ollie Hultz 14. NAME OF HUSBAND OR WIFE Grace F. Edgar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. 702-05-8349 17. INFORMANT'S SIGNATURE OR NAME John W. Edgar ADDRESS Licking Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain tumor

ANTECEDENT CAUSES DUE TO (b) _____

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

DUE TO (c) _____

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

INTERVAL BETWEEN ONSET AND 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 Aug. 1950, to Feb. 1, 1951, that I last saw the deceased alive on Feb. 27, 1951, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. L. Reed M.D. 23b. ADDRESS Licking Mo. 23c. DATE SIGNED 3-1-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Mar. 3, 1951 24c. NAME OF CEMETERY OR CREMATORY Licking Cemetery 24d. LOCATION (City, town, or county) (State) Licking Mo

DATE REC'D BY LOCAL REG. Mar. 28, 1951 REGISTRAR'S SIGNATURE Elmore Hesse 324 25. FUNERAL DIRECTOR'S SIGNATURE Smith Ferguson ADDRESS Licking Mo

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

1070

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED, APR 2 1951

Dist. File 457-684

Date Filed 4-2-51

APR 7 1951

APR 5 1951

ENCLOSED

APR 3 1951

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

Robert E. Ferguson

Licensed Embalmer No. 3945

P. O. Address Lehigh Mo

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.