

FILED MAY 24 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15881

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 56 PRIMARY REG. DIST. NO. 5193 Registrar No. 6

1. PLACE OF DEATH a. COUNTY <u>Carroll Co</u>		2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Egypt</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hardin Mo 0170</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Hardin Mo. 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Sarah</u>	b. (Middle) <u>Margaret</u>	c. (Last) <u>Edwards</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 17-1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct-16-1870</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR: Months <u>7</u> Days <u>1</u>	IF UNDER 24 HRS: Hours <u>1</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>W. J. Hutchinson</u>	13b. MOTHER'S MAIDEN NAME <u>Ballie Roane</u>	14. NAME OF HUSBAND OR WIFE <u>Joseph Edwards</u>
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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 <u>J. M. Edwards</u>	ADDRESS <u>Hardin Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis with myocardial degeneration</u>		?
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, diffuse</u>		?
DUE TO (c) <u>Hypertension, essential</u>		?	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			0

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4/13 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 5-16-, 1951, to 5-17-, 1951, that I last saw the deceased alive on 5-17-, 1951, and that death occurred at 4:05 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ralph E. Haskell, M.D.</u>	23b. ADDRESS <u>212 South Pike St. Newbona, Mo.</u>	23c. DATE SIGNED <u>5-17-51</u>
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24a. BURIAL OR CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May-18-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hardin Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>Hardin Mo.</u>
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DATE REC'D BY LOCAL REG. <u>May 17 1951</u>	REGISTRAR'S SIGNATURE <u>Alleen Kenniston</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Schilt &amp; Bowler</u>	ADDRESS <u>Hardin Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0170



**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 me

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

working under my personal supervision.

Signed.....  
Student Embalmer

Signed John W. Knipschild

Licensed Embalmer No. 2789

P. O. Address Hardin, 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.