

FILED SEP 12 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 26031

BIRTH NO. <u>59193-51</u>		REG. DIST. NO. <u>1</u>	PRIMARY REG. DIST. NO. <u>3000</u>	Registrar's No. <u>241</u>
1. PLACE OF DEATH a. COUNTY <u>Adair</u> <u>0013</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Macon</u> <u>0611</u>		
c. LENGTH OF STAY (In this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>215 Highland!</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 5, 1951</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Catherine</u> c. (Last) <u>Edwards</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	8. DATE OF BIRTH <u>Sept 15, 1951</u>	9. AGE (In years last birthday) <u>1</u> UNDER 1 YEAR <u>1</u> MONTHS <u>1</u> DAYS <u>1</u> HOURS <u>1</u> MIN.	
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) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Eddie Edwards</u>		
13b. MOTHER'S MAIDEN NAME <u>Elsie Rodriguez</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Eddie Edwards</u> ADDRESS <u>Macon, Mo.</u>
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.		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary atelectasis</u>		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) <u>prematurity</u>				
DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Baby delivered by cesarean section because of abruptio-placenta and</u>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>placenta previa marginalis</u>		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) <u>7625</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>8:45 P.M.</u>		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 <u>9-4-51</u> , 19 <u>51</u> , to <u>9-5-51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>9-2-51</u> , 19 <u>51</u> , and that death occurred at <u>8:45 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Paul Laughlin</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Kirkville, Mo.</u>		23c. DATE SIGNED <u>9-6-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 7, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Salem</u>
24d. LOCATION (City, town, or county) (State) <u>Excelsior, Missouri</u>		25. EMERAL DIRECTOR'S SIGNATURE <u>Stephens &amp; Gooding</u> ADDRESS <u>Macon, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>9-6-51</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: SEP 11 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 9-67-1397  
Date Filed: SEP 11 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Charles L. Nettleton

Signed.....  
Student Embalmer

Licensed Embalmer No. 4577

P. O. Address Macon, 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.