

FILED AUG 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27409  
Registrar's No. 143

BIRTH NO. _____		REG. DIST. NO. 157	PRIMARY REG. DIST. NO. 3028	Registrar's No. 143	
1. PLACE OF DEATH a. COUNTY Jasper 0493			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, write RURAL and give township) Carthage		c. LENGTH OF STAY (In this place) 6 Days	c. CITY (If outside corporate limits, write RURAL and give township) Carthage, Missouri 0493		
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune Brooks Hospital			d. STREET ADDRESS (If rural, give location) 418 Pine St. 0		
3. NAME OF DECEASED a. (First) James b. (Middle) Ray c. (Last) Edwards			4. DATE OF DEATH (Month) (Day) (Year) August 12, 1951		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	8. DATE OF BIRTH 4-4-1889	9. AGE (In years, less birthday) 62	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driller		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri 0	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Chris Edwards	13b. MOTHER'S MAIDEN NAME Ida Printy	14. NAME OF HUSBAND OR WIFE Ada Edwards	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ada Edwards		
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cremation of Body of pancreas with metastases to liver + involving the liver by direct extension of stomach</i> ANTECEDENT CONDITIONS Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Ulcers of Stomach</i>			INTERVAL BETWEEN ONSET AND DEATH <i>about 14 days</i> <i>Unknown</i>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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) (Min.)		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 6/25/51, 1951, to 8/12, 1951, that I last saw the deceased alive on 8/12, 1951, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <i>J. B. Clinton, M.D.</i>			23b. ADDRESS Carthage, Mo.		23c. DATE SIGNED 8/12/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE	24c. NAME OF CEMETERY OR CREMATORY Rosebank Cem.	24d. LOCATION (City, town, or county) (State) Mulberry Kans.	
DATE REC'D BY LOCAL REG. 8-12-51		REGISTRAR'S SIGNATURE <i>J. B. Clinton, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Wilmer Funeral Home Carthage, Mo.</i>	

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

RECEIVED 8/22/51  
Jasper County Health Office  
County File Number 51-8-653  
Date Filed 8/22/51

JAN 24 1958

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 Ray E. Rose .....

Licensed Embalmer No. 4779 .....

P. O. Address Garthage, 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.