

FILED AUG 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27843**

BIRTH NO. _____		REG. DIST. NO. 275		PRIMARY REG. DIST. NO. 5943		Registrar's No. 128			
1. PLACE OF DEATH a. COUNTY Helps 0810				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE MO b. COUNTY Helps					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Spring Creek		c. LENGTH OF STAY (in this place) 40		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Spring Creek		d. STREET ADDRESS (If rural, give location) 25 Mi. S. of Craddock Mo			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS					
3. NAME OF DECEASED a. (First) William Henry c. (Last) Edgar			DATE OF DEATH (Month) (Day) (Year) 7-27-1951						
5. SEX MC		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH April 12, 1895			
9. AGE (In years last birthday) 56-3-25		IF UNDER 1 YEAR Months		IF UNDER 1 HR. Hours		IF UNDER 15 MIN. Min.			
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Farming			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Mo			
12. CITIZEN OF WHAT COUNTRY? US			13a. FATHER'S NAME John Franklin Edgar		13b. MOTHER'S MAIDEN NAME Not Known		14. NAME OF HUSBAND OR WIFE		
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. 2		17. INFORMANT'S SIGNATURE OR NAME			ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH		
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Stomach							
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES							
		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.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 151X					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)					
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 July 25, 1951 , to July 27, 1951 , that I last saw the deceased alive on July 27, 1951 , and that death occurred at 11:45 AM , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) J. L. Reed MD				23b. ADDRESS Licking Mo.		23c. DATE SIGNED July 28/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) buried		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY Centrocamp		24d. LOCATION (City, town, or county) (State) Helps Co. Mo			
DATE REC'D BY LOCAL REG. Aug 11, 1951		REGISTRAR'S SIGNATURE Nadine L. Stoll		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Smith & Ferguson Licking Mo					

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

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

RECEIVED AUG 7 1951

Dist. File _____
Date Filed _____

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 Ferguson*

Licensed Embalmer No. *3945*

P. O. Address *Ficking 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.