

FILED SEP 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29294

BIRTH NO.		REG. DIST. NO. 360	PRIMARY REG. DIST. NO. 6225	Registrar's No. 76
1. PLACE OF DEATH a. COUNTY <i>Vernon 1082</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <i>Missouri</i> b. COUNTY <i>Jasper</i>		
b. CITY (If outside corporate limits, write RURAL and give town) <i>Nevada</i>		c. CITY (If outside corporate limits; write RURAL and give township) <i>Joplin 0495</i>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Hospital #3</i>		d. STREET ADDRESS (If rural, give location) <i>211 St. Louis 1</i>		
3. NAME OF DECEASED (Type or Print) a. (First) <i>Marie</i> b. (Middle) <i>Agnes</i> c. (Last) <i>Edwards</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Aug. 21, 1951</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Nov. 12 1889</i>	9. AGE (In years) (Month) (Day) (Year) <i>51</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House work</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Joplin, Missouri 0</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13a. FATHER'S NAME <i>W.B. Edwards</i>		13b. MOTHER'S MAIDEN NAME <i>Leggie Bussie</i>	14. NAME OF HUSBAND OR WIFE <i>None</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Leggie Edwards</i> ADDRESS: <i>211 St. Louis Joplin, Mo.</i>	
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) <i>Cancer Rt. Breast.</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Metastasis Lungs & Chest</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 years</i> <i>1 year</i>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			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) <i>170X</i>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 <i>6-1-1946</i> , to <i>8-21-1951</i> , that I last saw the deceased alive on <i>8-21-1951</i> , and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE <i>J.R. Bunch, M.D.</i> (Degree of title)		23b. ADDRESS <i>State Hospital #3</i>	23c. DATE SIGNED <i>8-21-51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>8-23-1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Saginaw Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Joplin Missouri</i>	
DATE REC'D BY LOCAL REG. <i>8-28-51</i>	REGISTRAR'S SIGNATURE <i>Anna E. Ferry</i>	451	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Steve Parker Mortuary, Joplin, Mo.</i>	

(Licensed Embalmers' Statement on Reverse Side)

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

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

RECEIVED SEP 4 1951

Dist. File 227-1692
Date Filed 7-6-51

SEP 22 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.....
Student Embalmer

Signed *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Joplin 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.