

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30802**

FILED OCT 13 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **5725** Registrar's No. **99**

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

1. PLACE OF DEATH a. COUNTY <b>Macon</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Macon</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Hudson</b>		c. LENGTH OF STAY (in this place) <b>4 yrs. 4 mos.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Macon</b>		0611
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Still-Hildreth San.</b>			d. STREET ADDRESS (If rural, give location) <b>812 N. Rollins</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>May</b> b. (Middle) <b>Edwards</b> c. (Last) <b>Edwards</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 30, 1951</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. <b>Never Married</b> (Specify)	8. DATE OF BIRTH <b>May 4, 1878</b>	9. AGE (In years last birthday) <b>73</b>	10. IF UNDER 1 YEAR Days <b>4</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sales Clerk - Ret</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Dry Goods Store</b>		11. BIRTHPLACE (State or foreign country) <b>Macon, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
13a. FATHER'S NAME <b>James N. Edwards</b>		13b. MOTHER'S MAIDEN NAME <b>Fannie Toole</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>493-28-5431</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Earl Edwards</b>		ADDRESS <b>Macon, Mo.</b>
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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Sepsis and Terminal Pneumonia</b>				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) <b>Thrombotic Encephalomalacia and cerebral hemorrhage</b>  DUE TO (c) <b>Advanced Arterio-sclerosis</b>	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 <b>332X</b>				20. AUTOPSY? YES <input 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) 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 <b>May 5, 1947</b> to <b>Sept. 30, 1951</b> , that I last saw the deceased alive on <b>Sept. 30, 1951</b> , and that death occurred at <b>7:30 A. m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Edson A. Morgan, D.O.P.S.H.O.S.</b>		23b. ADDRESS <b>Macon, Mo.</b>		23c. DATE SIGNED <b>9-30-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10/2/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oakwood</b>	24d. LOCATION (City, town, or county) (State) <b>Macon, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>10/5/51</b>	REGISTRAR'S SIGNATURE <b>Paul McNeely</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert Skinner</b>	ADDRESS <b>Macon Mo</b>	

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MACON COUNTY HEALTH DEPARTMENT  
County File No. 10.51.165  
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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 Thos. L. Bott

Licensed Embalmer No. 4552

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.