

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

243

State File No.

FILED FEB 13 1952

BIRTH NO. _____ REG. DIST. NO. 42 ✓ PRIMARY REG. DIST. NO. 1000 Registrar's No. 134

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>1 week</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Washington</u>		<u>1110</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6517 Sherman St.</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. # 6,</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ELEMA</u>	b. (Middle) <u>T</u>	c. (Last) <u>EDWARDS</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>2</u> <u>2</u> <u>1952</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed, ✓</u>	8. DATE OF BIRTH <u>7-26-1873</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Oregon, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Ira Stocking</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Goatcher</u>	14. NAME OF HUSBAND OR WIFE <u>William E. Edwards (de)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nina Edwards, daughter, RR #6</u>
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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.	MEDICAL CERTIFICATION <u>St. Joseph, Mo.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of uterus</u>		
	ANTECEDENT CAUSES Morbidity 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 1948, to 2-2, 1952, that I last saw the deceased alive on 2-2, 1952, and that death occurred at 12:00 noon m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Death or title) <u>MD</u>	23b. ADDRESS <u>5008 Highland St. Joseph, Mo</u>	23c. DATE SIGNED <u>2-2-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>2-5-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hiawatha Cemetery</u>	24d. LOCATION (City, town, of county) (State) <u>Hiawatha, Kansas</u>
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DATE REC'D BY LOCAL REG. <u>Feb 4, 1952</u>	REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>	446	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] St. Joseph, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0117

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 Alvin E. Bazar

Licensed Embalmer No. 4795

P. O. Address St Joseph, 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.