

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1976

State File No.

2

BIRTH NO. _____		REG. DIST. NO. <u>195</u>		PRIMARY REG. DIST. NO. <u>4205</u>		Registrar's No. _____					
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).							
a. COUNTY <u>McDonald</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Anderson, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Osage</u>		d. STREET ADDRESS (If rural, give location) <u>7 Miles North of Bentonville</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		c. LENGTH OF STAY (in this place) <u>6 Years</u>		b. COUNTY <u>Benton</u>		e. STATE <u>Arkansas</u>					
3. NAME OF DECEASED (Type or Print) <u>Mrs. Tine Edwards</u>			a. (First) _____			b. (Middle) _____					
c. (Last) <u>Howard</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 4, 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>April 28, 1858</u>					
9. AGE (in years last birthday) <u>93</u>			10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>					
11. BIRTHPLACE (State or foreign country) <u>Bedford County, Tennessee</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>Martin Edwards</u>					
13b. MOTHER'S MAIDEN NAME <u>Margaret Bullock</u>			14. NAME OF HUSBAND OR WIFE <u>Wilson L. Howard</u>			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 <u>Mrs. Lynnwood Putman Anderson, Mo.</u>			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) <u>Coronary Occlusion</u>				II. OTHER SIGNIFICANT CONDITIONS				1 day			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES				years			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Arteriosclerosis</u>							
DUE TO (c) _____				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"/>			
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) <u>4201</u>			
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 <u>1-1-</u> <u>1948</u> to <u>1-4</u> , 1952, that I last saw the deceased alive on <u>1-4-</u> , 1952, and that death occurred at <u>7:30 P</u> m., from the causes and on the date stated above.											
23a. SIGNATURE <u>A. W. Blankenship M.D.</u> (Degree or title)				23b. ADDRESS <u>Anderson Mo.</u>				23c. DATE SIGNED <u>1-8-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				24b. DATE <u>Jan. 6, 1952</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Dug Hill Cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>Benton Ark.</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. J. Burns</u> ADDRESS <u>Burns Funeral Home Bentonville, Arkansas</u>				DATE REC'D BY LOCAL REG. <u>1-9-52</u> REGISTRAR'S SIGNATURE <u>Mayne Humphrey</u> 423-0			

(Licensed Embalmer's Statement on Reverse Side)

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

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 Wm. J. Burns

Licensed Embalmer No. 550

P. O. Address Proyer, Ark

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.