

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3833

State File No.

FILED FEB 18 1952

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 56

1. PLACE OF DEATH
a. COUNTY Adair

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Adair

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkville

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkville 0013

d. FULL NAME OF HOSPITAL OR INSTITUTION 420 W. Missouri

d. STREET ADDRESS (If rural, give location) 420 W. Missouri 0

3. NAME OF DECEASED
a. (First) Thomas b. (Middle) James c. (Last) Edgar

4. DATE OF DEATH (Month) (Day) (Year)
Feb. 13, 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Jan. 18, 1877

9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months Days IF UNDER 48 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Miner, Rtd.

10b. KIND OF BUSINESS OR INDUSTRY Coal Miner, Rtd.

11. BIRTHPLACE (State or foreign country) Shambough, Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Edgar

13b. MOTHER'S MAIDEN NAME Elizabeth Mac Affee

14. NAME OF HUSBAND OR WIFE Pearl Hardee Edgar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Pearl Edgar, Kirkville, Mo.

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary arteriosclerosis
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
24 hr.
10 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4201

20. AUTOPSY?
YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-5-1952, to 2-13-1952, that I last saw the deceased alive on Feb. 13, 1952, and that death occurred at 1:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE J. H. Hertzler (Degree or title) D.O.

23b. ADDRESS Kirkville, Missouri

23c. DATE SIGNED 2-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 2/16/52

24c. NAME OF CEMETERY OR CREMATORY Highland Park

24d. LOCATION (City, town, or county) (State) Kirkville, Mo.

DATE REC'D BY LOCAL REG. 2-15-52

REGISTRAR'S SIGNATURE Walter Lambert

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kirkville, Mo.

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 Juan C. Cooper.....

Licensed Embalmer No. 4119.....

P. O. Address Highville, 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.