

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

9366

State File No.

No. 300
10.48

FILED MAR 18 1952

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 87

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

1. PLACE OF DEATH a. COUNTY <u>Pettis</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u> c. LENGTH OF STAY (in this place) <u>40 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1304 So. Grand</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u> d. STREET ADDRESS (If rural, give location) <u>1304 So. Grand</u>	
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3. NAME OF DECEASED (Type or Print) <u>NANCY</u> a. (First) _____ b. (Middle) _____ c. (Last) <u>Edwards</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 13-1952</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>Jan. 28-1873</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>15</u>	IF UNDER 1 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>Maryville Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

13a. FATHER'S NAME <u>Layton King</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>John Edwards</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Fannie Cable</u> <u>Sedalia</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Chronic myocardial degeneration</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Bronchitis</u> DUE TO (c) <u>Branchial epithoma</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Secundary Bronchopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u> <u>10 yrs</u> <u>1 day</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>241X</u>	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? <u>Mar 11-6:00 pm</u> <u>9:40 PM</u>
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22. I hereby certify that I attended the deceased from Mar 11-1952, to Mar 13-1952, that I last saw the deceased alive on Mar 13-1952, and that death occurred at 9:40 pm, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. E. Bess, M.D.</u>	23b. ADDRESS <u>Sedalia Mo.</u>	23c. DATE SIGNED <u>Mar 14-1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-15-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u>
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DATE REC'D BY LOCAL REG. <u>3-15-52</u>	REGISTRAR'S SIGNATURE <u>W. J. Campbell M.D.</u> <u>County Health Deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin</u>	ADDRESS <u>Bros Sedalia</u>
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

KPM Cray

Licensed Embalmer No. 3153

P. O. Address _____

Sedalia 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.