No. 300
10.48

FILED MAR 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11749

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 6189 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY: Taney
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Powersite Mo
c. LENGTH OF STAY (In this place): all life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Taney
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Powersite 1060
d. STREET ADDRESS (If rural, give location): Rural 0

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) Elizabeth c. (Last) Edwards

4. DATE OF DEATH (Month) (Day) (Year): 3-18 52

5. SEX: Female
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: aut 16 1888
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Keeper
10b. KIND OF BUSINESS OR INDUSTRY: Home Maker
11. BIRTHPLACE (State or foreign country): Taney Co Mo
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: George W Lloyd
13b. MOTHER'S MAIDEN NAME: Nancy Jane Lloyd
14. NAME OF HUSBAND OR WIFE: Josiah Edwards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: Josiah Edwards — ADDRESS: Powersite Mo

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Pneumonia

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: 493X
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) m.
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 2-2, 1952 to 3-18, 1952, that I last saw the deceased alive on 3-18, 1952, and that death occurred at 6 30 A m., from the causes and on the date stated above.

23a. SIGNATURE: L C Burton (Degree or title) M.D.
23b. ADDRESS: Branson Mo
23c. DATE SIGNED: 3-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-23-52
24c. NAME OF CEMETERY OR CREMATORY: Edwards
24d. LOCATION (City, town, or county) (State): Kirbyville Mo

DATE REC'D BY LOCAL REG.: 3-22-52
REGISTRAR'S SIGNATURE: 376-0 J E Cogswell
25. FUNERAL DIRECTOR'S SIGNATURE: R.O. Whitehead — ADDRESS: Branson Mo

(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.....

.....

working under my personal supervision.

Student Embalmer No. .....

Signed Minnie L. Whelchel

Signed.....
Student Embalmer

Licensed Embalmer No. 2277

P. O. Address Branson Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.