

STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093 Registrar's No. 137

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Marshall Twp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Salt Pond Township</b> <i>0970</i>	
c. LENGTH OF STAY (in this place) <b>30 Min.</b>		d. STREET ADDRESS (If rural, give location) <b>1/2 Mi. North-Sweet Springs</b>	

3. NAME OF DECEASED  
 a. (First) **Leona** b. (Middle) **Irine** c. (Last) **Edwards**  
 (Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)  
**July 2 1952**

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 28-1894</b>	9. AGE (in years last birthday) <b>57</b>	10. UNDER 1 YEAR Months <b>9</b> Days <b>14</b>	11. UNDER 15 HRS. Hour <b>0</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>house wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Unknown-Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME **Wm Curtis Hagan** 13b. MOTHER'S MAIDEN NAME **Mary Hettie Wood** 14. NAME OF HUSBAND OR WIFE **Rufus B. Edwards**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) **-**

16. SOCIAL SECURITY NO. **None**

17. INFORMANT'S SIGNATURE OR NAME **John C. Hagan-Sweet Springs, Mo.** ADDRESS \_\_\_\_\_

18. CAUSE OF DEATH  
 Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Collision between truck & Car**

ANTECEDENT CAUSES  
 \*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

Morbid 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. **E8161 26**

INTERVAL BETWEEN ONSET AND DEATH **5 Min to**

20. AUTOPSY?  
 YES  NO

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION **197**

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **Accident, 4-way 65-**

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Marshall Twp. Saline Mo.**

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **Marshall Twp. Saline Mo.**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **July 2, 1952 6:45 p.m.**

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **Car ran into truck.**

22. I hereby certify that I attended the deceased from **made his respiration 7:30 - 16 1952**, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **6:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Dr. Lewis M. D. Croner** (Degree or title) **3**

23b. ADDRESS **Marshall Mo.**

23c. DATE SIGNED **7-3-52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **buried**

24b. DATE **7/7/52**

24c. NAME OF CEMETERY OR CREMATORY **Fairview Cem.**

24d. LOCATION (City, town, or county) (State) **Sweet Springs Mo.**

DATE REC'D BY LOCAL REG. **July, 3rd, 52**

REGISTRAR'S SIGNATURE **Ridway Gray** **385**

25. FUNERAL DIRECTOR'S SIGNATURE **Carter - Mosley** ADDRESS **Sweet Springs, Mo.**

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

SEP 16 1952

AUG 27 1952

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 \_\_\_\_\_

*J. Lucie Swanson*

Licensed Embalmer No. 3235

P. O. Address Marshall, 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.