

5. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23381

FILED JUL 14 1952

BIRTH NO. REG. DIST. NO. 353 PRIMARY REG. DIST. NO. 6196 Registrar's No. 12

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

1. PLACE OF DEATH a. COUNTY Texas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE TENN b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) Rural-Sherrell c. LENGTH OF STAY (in this place) OR TOWN Memphis 8410		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Memphis 8410	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 295 East Bond	

3. NAME OF DECEASED (First) Sarah (Middle) Kathleen (Last) Edwards			4. DATE OF DEATH (Month) (Day) (Year) 6-29-52		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 2-23-1930	9. AGE (In years last birthday) 22	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beauty Operator		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Memphis, Miss.		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Delta R. Edwards		13b. MOTHER'S MATHEN NAME Ethel Bolding		14. NAME OF HUSBAND OR WIFE			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME Eto Ferguson ADDRESS Ficking Mo			
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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) Fractured skull & neck		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Sherrill twp Texas, Mo.		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Sherrill twp Texas, Mo.	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6-29-52 4:15		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Car accident		
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22. I hereby certify that I attended the deceased from 10, to 19, that I last saw the deceased alive on 19, and that death occurred at Licking, Mo., from the causes and on the date stated above.

23a. SIGNATURE Lisle Randall MD (Degree or title)		23b. ADDRESS Licking Mo		23c. DATE SIGNED 6/29/52	
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24a. BURIAL CREMATION REMOVAL Crema		24b. DATE 6-29-52		24c. NAME OF CEMETERY OR OPERATORY Westwood Cem		24d. LOCATION (City, town, or county) (State) Memphis Tenn	
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DATE REC'D BY LOCAL REG July 7, 1952		REGISTRAR'S SIGNATURE Elmora Hesse 324		25. FUNERAL DIRECTOR'S SIGNATURE Smith Ferguson ADDRESS Licking Mo			
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(Licensed Embalmer's Statement on Reverse Side)

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.

Signed Robert E. Ferguson

Signed
Student Embalmer

Licensed Embalmer No. 3945

P. O. Address Licking 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.

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