

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26824**

FILED JUL 21 1952

BIRTH NO. _____		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>6092</u>		Registrar's No. <u>146</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u> <u>0970</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u> <u>0970</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Grand Pass, Mo. 70 Yrs.</u>		c. LENGTH OF STAY (in this place) <u>70 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Grand Pass Village</u> <u>0</u>		d. STREET ADDRESS (If rural, give location) <u>No St. Name or Number</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Grand Pass, Mo. No St. Number</u>				d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No St. Name or Number</u>			
3. NAME OF DECEASED a. (First) <u>Murphy</u>			b. (Middle) <u>John</u>		c. (Last) <u>Edwards</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 13 1952</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 18, 1868</u>		9. AGE (In years last birthday) <u>83</u>	10. MONTHS <u>8</u>	11. DAYS <u>24</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>General Farm Work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Silar City, North Carolina</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Robert D. Edwards</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Bray</u>		14. NAME OF HUSBAND OR WIFE <u>Lillie Stivers Edwards</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Adelaide Shelton-Harlingen, Tex.</u>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suicide by hanging</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Dependence</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E974X</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, store, office bldg., etc.) <u>Home</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Grand Pass Saline Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 13 1952 3:00</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>By hanging. Suicide</u>					
22. I hereby certify that I attended the deceased from <u>admission to hospital</u> <u>July 13 1952</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred <u>6:30</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>P. D. Crona, M.D. Coronado</u>				23b. ADDRESS <u>Marshall Mo.</u>		23c. DATE SIGNED <u>7-13-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>7/16/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Summit Memorial Park - Marshall Mo</u>		24d. LOCATION (City, town, or county) (State) _____		
DATE REC'D BY LOCAL REG. <u>July 14 1952</u>		REGISTRAR'S SIGNATURE <u>Edwney T Gray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Leake Swearing</u>		ADDRESS <u>Marshall Mo.</u>	

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

MAR 27 1958

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. Leslie Swanson

Licensed Embalmer No. 3235V

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.