S. No. 300
V. 10.48

FILED JUL 23 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26899

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6155 Registrar's No. 34

1040
1

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

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

2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission).
a. STATE: Missouri
b. COUNTY: Stone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shell Knob 1040
d. STREET ADDRESS (If rural, give location): Missouri

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

4. DATE OF DEATH (Month) (Day) (Year): Jul 9 - 1952

5. SEX: M O
6. COLOR OR RACE: Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Dec 20 1898
9. AGE (In years last birthday): 55-6 — IF UNDER 1 YEAR: Months 19 Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: General
11. BIRTHPLACE (State or foreign country): Stone Co. Mo
12. CITIZEN OF WHAT COUNTRY?: U.S

13a. FATHER'S NAME: William Edwards
13b. MOTHER'S MAIDEN NAME: Annie Carter
14. NAME OF HUSBAND OR WIFE: never married

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.: ✓
17. INFORMANT'S SIGNATURE OR NAME: C. E. Edwards - Cato
ADDRESS: Mo B-1, Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac Insufficiency

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): No medical attention
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Dead 3 or 4 days before discovered

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Dead in Home - in Bed 4222
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): Shell Knob - Stone Mo
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~~ July 12, 1952, to at death, 19__, that I last saw the deceased ~~alive~~ on July 12, 1952, and that death occurred at 10 P m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Everett J. Cheatham Coroner
23b. ADDRESS: Galena Mo
23c. DATE SIGNED: July 12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial O
24b. DATE: July 12-52
24c. NAME OF CEMETERY OR CREMATORY: Nolen
24d. LOCATION (City, town, or county) (State): Galena Stone Mo

DATE REC'D BY LOCAL REG.: July 14-52.
REGISTRAR'S SIGNATURE: Mrs. J. Elmer Brosseau 317-1
per Lena Murray
25. FUNERAL DIRECTOR'S SIGNATURE: Everett J. Cheatham
ADDRESS: Galena Mo

(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 not embalmed by me, or by _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Signed Everett J. Cheatham

Signed _____
Student Embalmer

Licensed Embalmer No. 3870

P. O. Address Galena 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.