

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1941

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

BIRTH NO. 124		REG. DIST. NO. 316		PRIMARY REG. DIST. NO. 3059		Registrar's No. 291	
1. PLACE OF DEATH a. COUNTY St. Francois Co.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Francois			
b. CITY (If outside corporate limits, write RURAL and give town) Bonne Terre		c. LENGTH OF STAY (In this place) 8 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Bonne Terre 0941			
d. FULL NAME OF HOSPITAL OR INSTITUTION 219 Long Street				d. STREET ADDRESS (If rural, give location) 219 Long Street 0			
3. NAME OF DECEASED (Type or Print) Archie Clarence Edgar			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Sept. 17, 1952	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Feb. 3, 1883		9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 7 Days 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Constodian		10b. KIND OF BUSINESS OR INDUSTRY Bonne T. School		11. BIRTHPLACE (City and State or Foreign Country) Irondale, Missouri		12. CITIZEN OF WHAT COUNTRY? U S	
13a. FATHER'S NAME Frank Edgar		13b. MOTHER'S MAIDEN NAME Laura Eaton		14. NAME OF HUSBAND OR WIFE Josephine Edgar			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Le Roy Edgar ADDRESS Bonne Terre, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach				INTERVAL BETWEEN ONSET AND DEATH 8 mos.	
		ANTECEDENT CAUSES 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 151X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb. , 1952, to Sept. 17, 1952 , that I last saw the deceased alive on Sept. 9, 1952 , and that death occurred at 10:05 m., from the causes and on the date stated above.							
23a. SIGNATURE Marvin J. Haw, J. M.D. (Degree or title)				23b. ADDRESS Bonne Terre, Mo.		23c. DATE SIGNED 9/21/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/19/52		24c. NAME OF CEMETERY OR CREMATORY Caledonia Cemetery		24d. LOCATION (City, town, or county) (State) Caledonia, Mo.	
DATE REC'D BY LOCAL REG. Sept. 22, 1952		REGISTRAR'S SIGNATURE Ethel Pudney		25. FUNERAL DIRECTOR'S SIGNATURE C. L. Boyer		ADDRESS St. Louis, 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 embalmed by me, or by.....

..... Student Embalmer No.

.....
working under my personal supervision.

Student
Student Embalmer

Signed B. T. Bayer

Licensed Embalmer No. 2660

P. O. Address Deesloge, 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.