

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32672**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 301

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmington	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)
a. (First) **Annis E.** b. (Middle) **Edwards** c. (Last) **Edwards**
4. DATE OF DEATH (Month) (Day) (Year) **Sept 27 1952**

5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Oct 10 1882	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Days 11	IF UNDER 1 HR. Hours 17	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) attendant hospital		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Little Cypress Kentucky		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME **J. D. Cannon** 13b. MOTHER'S MAIDEN NAME **Eliza Johnston** 14. NAME OF HUSBAND OR WIFE **William A Edwards**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No**
16. SOCIAL SECURITY NO. **498-34-0372**
17. INFORMANT'S SIGNATURE OR NAME **Margaretta Rea** ADDRESS **Farmington mo**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Ca breast & pulmonary metastases 6 mos**
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.
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Ca breast**
DUE TO (c) **home 170X**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION **3 yrs ago** 19b. MAJOR FINDINGS OF OPERATION **Carcinoma of breast & lymph node metastases** 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) 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 **8-25, 1952**, to **9-27, 1952**, that I last saw the deceased alive on **9-27, 1952**, and that death occurred at **7:30p m.**, from the causes and on the date stated above.

23a. SIGNATURE **George L. Werten M.D.** (Degree or title) 23b. ADDRESS **Farmington mo** 23c. DATE SIGNED **9-30-52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 24b. DATE **Sept 29 1952** 24c. NAME OF CEMETERY OR CREMATORY **NAYLOR MO.** 24d. LOCATION (City, town, or county) (State) **NAYLOR MO.**

DATE REC'D BY LOCAL REG. **Sept. 30, 1952** REGISTRAR'S SIGNATURE **Esther Budloff** 25. FUNERAL DIRECTOR'S SIGNATURE **C H COZEAN** ADDRESS **FARMINGTON MO**

(Licensed Embalmer's Statement on Reverse Side)

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

12-31-1951

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 _____

Licensed Embalmer No. 4084

P. O. Address Farmington, N.H.

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.