

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13502**
REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **139**

FILED MAY 11 1953

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give town) Cape Girardeau		c. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau 8164	
c. LENGTH OF STAY (in this place) 27 years		d. STREET ADDRESS (If rural, give location) 219 North Henderson Ave.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 219 North Henderson Ave.		d. STREET ADDRESS (If rural, give location) 219 North Henderson Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Oda b. (Middle) Glen c. (Last) Edwards			4. DATE OF DEATH (Month) (Day) (Year) May 3 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 15, 1889
9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician	11. BIRTHPLACE (City and State or Foreign Country) Oriole, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician		10b. KIND OF BUSINESS OR INDUSTRY Western Electric	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Wm. Matthew Edwards		13b. MOTHER'S MAIDEN NAME Amanda Allen	14. NAME OF HUSBAND OR WIFE Roxie Edwards
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Roxie Edwards, Cape Girardeau Mo ADDRESS 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 PULMONARY TUBERCULOSIS INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY TUBERCULOSIS		ANTECEDENT CAUSES DUE TO (b) 1 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 002X		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) m.	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 May 1, 1953 to May 3, 1953 , that I last saw the deceased alive on May 5, 1953 , and that death occurred at 7:25 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE A. H. Furrerth MD (Degree or title)		23b. ADDRESS Cape Girardeau	23c. DATE SIGNED 5/5/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 5, 1953	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Cape Girardeau, Missouri
DATE REC'D BY LOCAL REG. 5-6-53	REGISTRAR'S SIGNATURE C. C. Summers	25. FUNERAL DIRECTOR'S SIGNATURE C. C. Summers	ADDRESS Cape Girardeau Mo

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

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MAY 11 1952

MAY 20 1952

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 L. S. K...

Licensed Embalmer No. 2863

P. O. Address Cape Girardeau, 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.