No. 300
10-48

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

FILED JUN 8 1953

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 18990

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 150

883
0

**1. PLACE OF DEATH**
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly
c. LENGTH OF STAY (In this place): 5 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Woodland Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jacksonville 0880
d. STREET ADDRESS (If rural, give location): None

**3. NAME OF DECEASED** (Type or Print)
a. (First): SARAH
b. (Middle): JANE
c. (Last): EDWARDS

**4. DATE OF DEATH** (Month) (Day) (Year): May-29-1953

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: April-30-1866
**9. AGE** (In years last birthday): 87 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY**: —
**11. BIRTHPLACE** (City and State or Foreign Country): Calloway County Mo.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.
**13a. FATHER'S NAME**: James M. Creed
**13b. MOTHER'S MAIDEN NAME**: Melvina Hill
**14. NAME OF HUSBAND OR WIFE**: Okeana Edwards
**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.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: Chas Edwards
**ADDRESS**: Cairo 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) Right Pneumonitis Abscess — INTERVAL BETWEEN ONSET AND DEATH: 2 mo

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* arteriosclerosis, Generalized ?

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: Rt Pneumonitis abscess 6001
**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) 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* May 23, 1953, *to* May 29, 1953, *that I last saw the deceased alive on* May 23, 1953, *and that death occurred at* 11 PM *m., from the causes and on the date stated above.*

**23a. SIGNATURE**: [illegible] (Degree or title)
**23b. ADDRESS**: Moberly, Mo.
**23c. DATE SIGNED**: June 1 '53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: May-31-1953
**24c. NAME OF CEMETERY OR CREMATORY**: Liberty Cemetery
**24d. LOCATION** (City, town, or county) (State): Northeast of Cairo Mo.

DATE REC'D BY LOCAL REG. 5-31-53
REGISTRAR'S SIGNATURE: [illegible]
**25. FUNERAL DIRECTOR'S SIGNATURE**: Snow Funeral Home
**ADDRESS**: Moberly 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 R. M. Cater

Licensed Embalmer No. 417

P. O. Address Moberly 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.