

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED SEP 16 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 4508 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <u>Stone</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Ark</u> b. COUNTY <u>Boone</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Galena</u>		c. LENGTH OF STAY (in this place) <u>2 wks</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrison</u>		8030 8
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carl</u> b. (Middle) <u>R.</u> c. (Last) <u>Edwards.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 20-53</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>1872</u>	9. AGE (in years last birthday) <u>71</u>	IF BORN IN YEAR: (Month) (Day) (Year) <u>9/20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Harrison, Ark!</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Jonathon Cox</u>		13b. MOTHER'S MAIDEN NAME <u>Toleda Walker</u>	14. NAME OF HUSBAND OR WIFE <u>James Edwards</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Carl R. Beverland</u>			
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) <u>myocardial infarction</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
	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.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				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) (Min.)	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 <u>26 Aug</u> , 19 <u>53</u> , to <u>26 Aug</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>26 Aug</u> , 19 <u>53</u> , and that death occurred at <u>1:30 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>James M. R.</u> (Degree or title)		23b. ADDRESS <u>Galena Ark</u>		23c. DATE SIGNED <u>26 Aug 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY <u>Burials</u>	24d. LOCATION (City, town, or county) (State) <u>Harrison Ark</u>		
DATE REC'D BY LOCAL REG. <u>Aug. 25-53</u>	REGISTRAR'S SIGNATURE <u>Mrs. J. Elmer Ross</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Emmett P. Cheater</u>	ADDRESS <u>Galena</u>		

 Per Gene Murray (Licensed Embalmer's Statement on Reverse Side)

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

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. *Embalmed by Christeson*

Signed *Attendants*

Signed.....  
Student Embalmer

Licensed Embalmer No. ....

P. O. Address *Harrison Ark*

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.