

No. 300
10.48

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

6166-34787
State File No. 34787

FILED OCT 13 1953

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6166 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>Stone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE _____ b. COUNTY <u>1040</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Eley (Pence)</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0</u>	
c. LENGTH OF STAY (In this place) <u>5 yrs.</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Sam</u>	b. (Middle) <u>J.</u>	c. (Last) <u>Edwards</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 1 1953</u>
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5. SEX <u>m</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>July 7-1879</u>	9. AGE (In years last birthday) <u>74-2-24</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
<u>Farming & Carpenter</u>		<u>Stone Co. Mo.</u>	<u>USA</u>

13a. FATHER'S NAME <u>Francis Eley</u>	13b. MOTHER'S MAIDEN NAME <u>May Ellen Mckey</u>	14. NAME OF HUSBAND OR WIFE <u>Rosa Edwards</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Rosa Edwards</u>	ADDRESS <u>Eley mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>—</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rheumatic Myocarditis</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 <u>4012</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Sept 22, 1953 to Oct 1, 1953, that I last saw the deceased alive on Oct 1, 1953, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. J. Murrell M.D.</u>	23b. ADDRESS <u>Crane, Mo.</u>	23c. DATE SIGNED <u>10-2-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 4-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Spring River</u>	24d. LOCATION (City, town, or county) (State) <u>Verona - Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Oct. 2-53</u>	REGISTRAR'S SIGNATURE <u>Mrs. G. Palmer Bussan</u>	317-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Eubert E. Cheatham</u>	ADDRESS
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per J. Murrell (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.

Signed.....
Student Embalmer

Signed *Everett J. Cheatham*

Licensed Embalmer No. *3870*

P. O. Address *Halena 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.