

FILED DEC 15 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40111

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 412

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 OR TOWN Cantwell		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cantwell, Mo.	
c. LENGTH OF STAY (In this place) 15 yrs		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cantwell.			

3. NAME OF DECEASED (Type or Print) James Marion Edwards			4. DATE OF DEATH Nov. 27, 1953		
a. (First)		b. (Middle)		c. (Last)	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 2, 1953	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 7 Days 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hwyway Worker Ret.		10b. KIND OF BUSINESS OR INDUSTRY Mo. State Hwyway		11. BIRTHPLACE (State or foreign country) Ste. Genevieve, Mo.	
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME Richard Edwards		13b. MOTHER'S MAIDEN NAME Josaphine Williams	
14. NAME OF HUSBAND OR WIFE Lillie 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. 498-10-2352	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Lillie Edwards Cantwell, Mo.		ADDRESS			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 14 days	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		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.		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 **Nov 13, 1953**, to **Nov 27, 1953**, that I last saw the deceased alive on **Nov 26, 1953**, and that death occurred at **6:30** m., from the causes and on the date stated above.

23a. SIGNATURE J. S. Foster M.D. (Degree or title)		23b. ADDRESS Desloge, Mo.		23c. DATE SIGNED 11-29-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/29/53		24c. NAME OF CEMETERY OR CREMATORY Three Rivers Cem.	
24d. LOCATION (City, town, or county) (State) Ste. Genevieve Co., Mo.					

DATE REC'D BY LOCAL REG. Nov. 29, 1953		REGISTRAR'S SIGNATURE Gather, Rudolph		25. FUNERAL DIRECTOR'S SIGNATURE C. Z. Boyer & Son	
				ADDRESS Desloge, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48
40
1

11 07 0113

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 B. T. Boyer

Licensed Embalmer No. 3660

P. O. Address Deer Lodge 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.