

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

**440**

State File No. ....

No. 300  
10.48

8/10  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**FILED FEB 10 1954**      REG. DIST. NO. 389      PRIMARY REG. DIST. NO. 5761      Registrar's No. 4

|  |   |   |  |
|--|---|---|--|
| <b>1. PLACE OF DEATH</b><br>a. COUNTY <u>Callaway</u>  |   | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Rural (Cedar Twp)</u>   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Rural</u> <u>0140</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ingram Nursing Home</u>   |   | d. STREET ADDRESS (If rural, give location) <u>Ingram Nursing Home</u>  |  |
| <b>3. NAME OF DECEASED</b><br>(Type or Print)<br>a. (First) <u>Martha Isabelle</u> b. (Middle) <u>Edwards</u> c. (Last) <u>Edwards</u>   |   | <b>4. DATE OF DEATH</b> (Month) (Day) (Year)<br><u>Jan. 25-1954</u>   |  |
| <b>5. SEX</b><br><u>Female</u>   | <b>6. COLOR OR RACE</b><br><u>White</u> | <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify)<br><u>Widow</u>   | <b>8. DATE OF BIRTH</b><br><u>July 19-1884</u>                                     |
| <b>9. AGE</b> (In years last birthday) <u>69</u>   |   | <b>IF UNDER 1 YEAR</b><br>Months      Days  | <b>IF UNDER 24 HRS.</b><br>Hours      Mins.  |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work during most of working life, even if retired)<br><u>Housewife</u>  |   | <b>10b. KIND OF BUSINESS OR INDUSTRY</b><br><u>At Home</u>  | <b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Callaway Co., Mo.</u> |
| <b>12. CITIZEN OF WHAT COUNTRY?</b><br><u>U.S.A.</u>   |   | <b>13a. FATHER'S NAME</b><br><u>W. H. Hinkle</u>  |  |
| <b>13b. MOTHER'S MAIDEN NAME</b><br><u>Marjorie Unknown</u>  |   | <b>14. NAME OF HUSBAND OR WIFE</b><br><u>Chas. Edwards (Dec)</u>  |  |
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u>   |   | <b>16. SOCIAL SECURITY NO.</b><br><u>None</u>   |  |
| <b>17. INFORMANT'S SIGNATURE OR NAME</b><br><u>Mr. Walter Singer</u>   |   | <b>ADDRESS</b><br><u>J.C. Mo.</u>   |  |
| <b>18. CAUSE OF DEATH</b><br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |   | <b>MEDICAL CERTIFICATION</b><br><b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>arteriosclerosis</u><br><br><b>ANTECEDENT CAUSES</b><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  |
| <b>II. OTHER SIGNIFICANT CONDITIONS</b><br>Conditions contributing to the death but not related to the disease or condition causing death.   |   | <b>INTERVAL BETWEEN ONSET AND DEATH</b><br><u>Oct 5-3</u>   |  |
| <b>19a. DATE OF OPERATION</b>  |   | <b>19b. MAJOR FINDINGS OF OPERATION</b><br><u>4500</u>  |  |
| <b>20. AUTOPSY?</b><br>YES <input type="checkbox"/> NO <input type="checkbox"/>  |   |   |  |
| <b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)  |   | <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)   |  |
| <b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>   |   |   |  |
| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)   |   | <b>21e. INJURY OCCURRED</b><br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  |
| <b>21f. HOW DID INJURY OCCUR?</b>  |   |   |  |
| <b>22. I hereby certify that I attended the deceased from Oct 22, 1953, to Jan 25, 1954, that I last saw the deceased alive on Jan 24, 1954, and that death occurred at 12:40 a.m., from the causes and on the date stated above.</b>  |   |   |  |
| <b>23a. SIGNATURE</b><br><u>E. M. Hinkle</u>   |   | <b>23b. ADDRESS</b><br><u>New Bloomfield Mo.</u>  |  |
| <b>23c. DATE SIGNED</b><br><u>1/27/54</u>  |   |   |  |
| <b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)<br><u>Burial</u>  |   | <b>24b. DATE</b><br><u>Jan 22 1954</u>  |  |
| <b>24c. NAME OF CEMETERY OR CREMATORY</b><br><u>Centertown</u>   |   | <b>24d. LOCATION</b> (City, town, or county) (State)<br><u>Callaway County Mo.</u>  |  |
| <b>DATE REC'D BY LOCAL REG.</b><br><u>Feb 8-54</u>   |   | <b>REGISTRAR'S SIGNATURE</b><br><u>LeRoy Claypool</u> <u>39</u>   |  |
| <b>25. FUNERAL DIRECTOR'S SIGNATURE</b><br><u>Andrew J. ...</u>  |   | <b>ADDRESS</b><br><u>J.C. Mo.</u>   |  |

**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 *F. M. Anderson*

Licensed Embalmer No. 3641

P. O. Address *gmn*

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.