

FILED JAN 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2283**

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **5924** Registrar's No. **58**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Dresden		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia 0804	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3mi. N.E. Dresden, Mo.		d. STREET ADDRESS (If rural, give location) 658 East 10th, St.	

3. NAME OF DECEASED a. (First) WILLIAM b. (Middle) C. c. (Last) EDWARDS			4. DATE OF DEATH (Month) (Day) (Year) JANUARY 10, 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH July 9, 1887		9. AGE (In years last birthday) 66		10. IF UNDER 1 YEAR Hours Min. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Engineer			10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and State or Foreign Country) Versailles, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME David R. Edwards		13b. MOTHER'S MAIDEN NAME Olevia Neshitt		14. NAME OF HUSBAND OR WIFE Kate Edwards	
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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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Kate Edwards, Sedalia, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral sclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral sclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS hypertension essential Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		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 ^{VIEWED} examined the deceased from **Dr. J. G. Corner**, 19 **19** that I last saw the deceased alive on **10:30**, 19 **1954** and that death occurred at **10:30** m., from the causes and on the date stated above.

23a. SIGNATURE Chas. S. ... (Degree or title)		23b. ADDRESS Corner, Pettis Co		23c. DATE SIGNED 1-11-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/12/1954		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	
				24d. LOCATION (City, town, or county) (State) Sedalia, Missouri	

DATE REC'D BY LOCAL REG. 1-9-1954		REGISTRAR'S SIGNATURE R. J. Campbell MD.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. Hebert Sedalia, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

JUN 25 1962

MAR 27 1957

JUN 19 1954

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 Russell C. Maag

Licensed Embalmer No. 4804

P. O. Address Sedalia, 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.