No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAR 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5296

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Warrensburg,
c. LENGTH OF STAY (in this place): 50 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Warrensburg Medical Center,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri b. COUNTY: Johnson
c. CITY OR TOWN: Warrensburg,
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 312 West Pine St.

0512

3. NAME OF DECEASED (Type or Print)
a. (First): MARY b. (Middle): ELLEN c. (Last): EDWARDS

4. DATE OF DEATH (Month) (Day) (Year): Feb. 16th. 1954

5. SEX: Female 3
6. COLOR OR RACE: Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Dec. 25, 1886
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (City and State or Foreign Country): Knobnoster, Missouri, 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Cooper,
13b. MOTHER'S MAIDEN NAME: Laura "Unknown"
14. NAME OF HUSBAND OR WIFE: William Edwards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 493-22-9818
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: William Edwards, 312 W. Pine, Warrensburg, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Second & Third degree Burns Legs & TRUNK — INTERVAL BETWEEN ONSET AND DEATH: 87 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): E9160
DUE TO (c): 16

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, generalized

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 057 (STATE): Warrensburg, Johnson, Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 11 21 53 3:00 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Dress caught on fire from heater

22. *I hereby certify that I attended the deceased from* 11-21-, 1953, *to* 2-16-, 1954, *that I last saw the deceased alive on* 2-16-, 1954, *and that death occurred at* 9:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Keith D. Jones M.D.
23b. ADDRESS: Warrensburg, Warrensburg, Missouri
23c. DATE SIGNED: 2-18-1954

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-18-1954
24c. NAME OF CEMETERY OR CREMATORY: Sunset Hill Cemetery
24d. LOCATION (City, town, or county) (State): Warrensburg, Missouri

DATE REC'D BY LOCAL REG.: Feb 21, 1954
REGISTRAR'S SIGNATURE: Savannah Cutchfield 147-0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: R A Brammer Warrensburg, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
FEB 23 1954
JOHNSON COUNTY HEALTH DEPT.

MAR

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by me....., Student Embalmer No.....

working under my personal supervision..

Student..... Signature of Student Embalmer

Signed R. A. Brauninger

Licensed Embalmer No. 33

P. O. Address Warrensb

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.