

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5644**

FILED MAR 1 1954

BIRTH NO. _____ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **5902** Registrar's No. **44**

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Pemis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rt 1 Box 696 Hayti		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rt 1, Box 696 Hayti, Mo.	
c. LENGTH OF STAY (in this place) 1 yr		d. STREET ADDRESS (If rural, give location) Hayti, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence			

3. NAME OF DECEASED (Type or Print) a. (First) Ed b. (Middle) Edgerton c. (Last) Edgerton			4. DATE OF DEATH (Month) (Day) (Year) Feb 16 54		
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1883	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR: Months 2 Days - Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Arkansas	
13a. FATHER'S NAME Alfred Edgerton			13b. MOTHER'S MAIDEN NAME Martha (Unknown)		14. NAME OF HUSBAND OR WIFE Eva Edgerton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI		16. SOCIAL SECURITY NO. 414 14 4627		17. INFORMANT'S SIGNATURE OR NAME Eva Edgerton ADDRESS _____	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction			
		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 4201			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 **16 Feb**, 19**54**, to **16 Feb**, 19**54**, that I last saw the deceased alive on **16 Feb**, 19**54**, and that death occurred at **10:15 pm.**, from the causes and on the date stated above.

23a. SIGNATURE J. W. Brooks M.D. (Degree or title)	23b. ADDRESS Cauthersville, Mo.	23c. DATE SIGNED 17 Feb 1954
---	--	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 20th Feb 54	24c. NAME OF CEMETERY OR CREMATORY New Hope Cemetery	24d. LOCATION (City, town, or county) (State) Walls, Mississippi
---	------------------------------	---	---

DATE REC'D BY LOCAL REG 2/17/54	REGISTRAR'S SIGNATURE John H. German	406-0	25. FUNERAL DIRECTOR'S SIGNATURE P. B. Woods ADDRESS Cville, Mo.
--	---	-------	--

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

2-34-54

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

FEB 27 1954

JAN 1 1 1962

JAN 1 1 1962

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. None

working under my personal supervision.

Student None.....
Student Embalmer

Signed R. B. ON Woods

Licensed Embalmer No. 4893

P. O. Address Caruthersville, 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.