

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Neosho</u> c. LENGTH OF STAY (in this place) <u>70 YRS</u>		c. CITY OR TOWN <u>Neosho</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 630 N. High</u>		e. STREET ADDRESS (If rural, give location) <u>630 N. High ST</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ollie</u> b. (Middle) _____ c. (Last) <u>Edwards</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 16 1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN 26 1877</u>
9. AGE (In years last birthday) <u>77</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>House Keeping</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Union County Tennessee</u>
12. CITIZEN OF WHAT COUNTRY? _____	13a. FATHER'S NAME <u>E. Hickie</u>	13b. MOTHER'S MAIDEN NAME <u>Emiline Hubbs</u>	14. NAME OF HUSBAND OR WIFE <u>CLINT EDWARDS</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Paul E. Edwards Richland - Wash.</u>	

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		<u>Sudden</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) <u>Anemia and Malnutrition</u>		<u>unknown</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterial TB of Lungs</u>		<u>2 years</u>	<u>5064</u>
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>		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) <u>293 X A</u>
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 April, 1947, to May 16, 1954, that I last saw the deceased alive on May 16, 1954, and that death occurred at 6:15 Pm., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <u>Melvin C. Bowman M.D.</u>	22b. ADDRESS <u>Neosho, MO</u>	22c. DATE SIGNED <u>May 24-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5-19-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>NEAR STELLA, MO.</u>	DATE REC'D BY LOCAL REG. <u>5-24-54</u>	REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u>
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>CLARK-BIGHAM MORTUARY</u>	23. DATE SIGNED _____	

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

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File No. 554-91

Date Filed MAY 28 1954

NEOSHO, MISSOURI

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 _____
Signature of Student Embalmer

Signed Jesse O. Sullivan Jr.

Licensed Embalmer No. 464

P. O. Address Neosho

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.