

No. 300  
10.48

FILED JUL 27 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23655

0620  
1

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5257 Registrar's No. 45

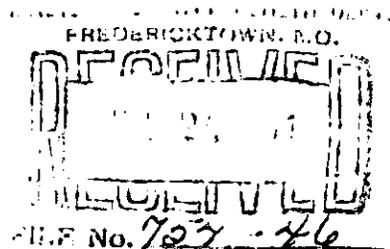
1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>	
b. CITY OR TOWN <u>RURAL - ST. MICHAELS</u>		c. CITY OR TOWN <u>RURAL - ST. MICHAELS</u>	
c. LENGTH OF STAY (In this place) <u>8 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>COBALT VILLAGE</u> <u>0620</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>COBALT VILLAGE</u>			
3. NAME OF DECEASED a. (First) <u>ELIZA</u> b. (Middle) <u>CAROLINE</u> c. (Last) <u>FRENCH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 20-1954</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>JUNE 9, 1861</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>93</u> UNDER 1 YEAR Months Days IF UNDER 14 WKS. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>MADISON COUNTY, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMES E. Buxton</u>		13b. MOTHER'S MAIDEN NAME <u>HARRIET OLDS</u>	14. NAME OF HUSBAND OR WIFE <u>JOHN D. EDWARDS (DECEASED)</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>WM. L. EDWARDS - FREDERICKTOWN, MO</u> ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Concussion of brain?</u>		INTERVAL BETWEEN ONSET AND DEATH <u>13 days</u>	
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause* (a) stating the underlying cause last. --		DUE TO (b) <u>Over</u>	
		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		E9369	
Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture arm</u>		46	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>2-02 Ark</u>	
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?	
22. I hereby certify that I attended the deceased from <u>July 17, 1954</u> , to <u>July 20, 1954</u> , that I last saw the deceased alive on <u>July 15, 1954</u> and that death occurred at <u>4 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. L. Edwards</u>		23b. ADDRESS <u>135 W Main Fredericktown, MO</u>	23c. DATE SIGNED <u>7/22/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JULY 22, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SNOWDENVILLE</u>	24d. LOCATION (City, town, or county) (State) <u>MADISON CO., MO.</u>
DATE REC'D BY LOCAL REG. <u>7-22-1954</u>	REGISTRAR'S SIGNATURE <u>Therese Beck</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. L. Edwards</u>	ADDRESS <u>FREDERICKTOWN, MO</u>

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

This party was injured near Pocahontas a  
July 7, 54. She was brought home 7/17/54  
was unconscious when I saw her and  
too ill to be moved to Hospital.

She spent 10 days <sup>in</sup> Hospital at  
Pocahontas Ark.

*S. C. Laughlin*



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 *Raymond Wilson*  
\_\_\_\_\_

Licensed Embalmer No. 4884

P. O. Address Fredericktown, Md.

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.