S. No. 300
v. 10.48

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

FILED SEP 28 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31066

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 4244 Registrar's No. 133

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CARTERVILLE
c. LENGTH OF STAY (In this place): 18 HRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 324 EAST DAUGHERTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JASPER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CARTERVILLE
d. STREET ADDRESS (If rural, give location): 324 EAST DAUGHERTY

x 490 0

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

4. DATE OF DEATH (Month) (Day) (Year): SEPTEMBER 23 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MAY 6, 1894
9. AGE (In years last birthday): 60 — If under 1 year: Months 4, Days 17 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED CITY OFFICER
10b. KIND OF BUSINESS OR INDUSTRY: CITY MARSHALL
11. BIRTHPLACE (State or foreign country): WALES, ENGLAND
12. CITIZEN OF WHAT COUNTRY?: U.S.A
13a. FATHER'S NAME: ROBERT EDWARDS
13b. MOTHER'S MAIDEN NAME: ALICE CROFTS
14. NAME OF HUSBAND OR WIFE: ORPHA K. EDWARDS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): W.W. 1
16. SOCIAL SECURITY NO.: 491-07-8646
17. INFORMANT'S SIGNATURE OR NAME: ORPHA K. EDWARDS — ADDRESS: CARTERVILLE, MO

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: not known

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Silicosis — not known

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Pulmonary tuberculosis — not known

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 001 X
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-19-, 1954, *to* 9-22-, 1954, *that I last saw the deceased alive on* 9-22-, 1954, *and that death occurred at* 1:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. L. Laney M.D.
23b. ADDRESS: Box 390 Webb City, Mo.
23c. DATE SIGNED: 9-24-54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: SEPT. 27, 1954
24c. NAME OF CEMETERY OR CREMATORY: OZARK MEMORIAL PARK CEMETERY
24d. LOCATION (City, town, or county) (State): JOPLIN, MO

DATE REC'D BY LOCAL REG.: 9-25-54
REGISTRAR'S SIGNATURE: Mrs. Madeline Surtyn 474
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: HEDGE-LEWIS FUNERAL HOME WEBB CITY, MO

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED SEP 27 1954
Jasper County Health Office
County File Number 54-9-792
Date Filed SEP 27 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 Richard Gray Lewis

Licensed Embalmer No. 4495

P. O. Address Webb City, 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.