

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34775

FILED NOV 15 1954

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 172

1. PLACE OF DEATH a. COUNTY <u>Demiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Demiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hayti Mo.</u>		c. CITY OR TOWN <u>Deering Rural</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Demiscot County Memorial</u>		e. STREET ADDRESS (If rural, give location) <u>0780</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clavis</u> b. (Middle) <u>Earl</u> c. (Last) <u>Edge</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 7, 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 4 1902</u>
9. AGE (In years last birthday) <u>52</u>		10. MONTHS <u>1</u>	11. YEARS <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Miss!</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>W. A. Edge</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Caroline Coggins</u>		14. NAME OF HUSBAND OR WIFE <u>Louis Edge</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Elmer Edge, Cousin, Mo.</u>		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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-vascular accident</u> 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 _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>331 X</u>	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>11-7</u> , 19 <u>54</u> , to <u>11-8</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>11-8</u> , 19 <u>54</u> , and that death occurred at <u>12:30 A.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>C. D. Rais</u>		23b. ADDRESS (Degree or title) <u>MD. Hayti Mo</u>	
23c. DATE SIGNED <u>11-8-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>11-10-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>East Woodlawn</u>	
24d. LOCATION (City, town, or county) (State) <u>Hayti, Mo</u>		DATE REC'D BY LOCAL REG. <u>11-8-54</u>	
REGISTRAR'S SIGNATURE <u>John W. German</u>		FUNDAL DIRECTOR'S SIGNATURE <u>John H. German</u>	
ADDRESS <u>406-0</u>		ADDRESS <u>Hayti Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

11-262-54

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 3
CARUTHERSVILLE, MO.

NOV 12 1954

OCT 17 1957

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.....
John H. German

Licensed Embalmer No. *435*
P. O. Address *Hoyti*

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.