

FILED MAR 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5348

State File No.

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 4244 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CARTERVILLE</u>		c. CITY OR TOWN <u>DUENWEG</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>23 YRS</u>		STREET ADDRESS (If rural, give location) <u>0490</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>311 MAPLE STREET</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>FANNIE</u>	b. (Middle) <u>FOX</u>	c. (Last) <u>EDGE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>FEBRUARY 23 1955</u>
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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>MAY 1 1890</u>	9. AGE (In years) (last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>22</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. 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>DOMESTIC</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MILTON INDIANA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.-S.-A.</u>
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13a. FATHER'S NAME <u>D.C. MOORE</u>	13b. MOTHER'S MAIDEN NAME <u>ADY KNOX</u>	14. NAME OF HUSBAND OR WIFE <u>CHARLEY L. EDGE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>N</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>CHARLEY EDGE</u> ADDRESS <u>DUENWEG, MISSOURI</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of the stomach</u>		<u>About 6 Months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Garcinoma of liver</u>		<u>6 Months</u>
DUE TO (c) <u>Pentic ulcers</u>		<u>3 Years</u>	
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"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from 7-5, 1952, to 2-22, 1955, that I last saw the deceased alive on 2-22, 1955, and that death occurred at 7:15A m., from the causes and on the date stated above.

23a. SIGNATURE (In name or title) <u>James V. Flaherty M.D.</u>	23b. ADDRESS <u>319 W. Main St., Carterville, Mo.</u>	23c. DATE SIGNED <u>2-24-55</u>
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24a. STORED CREMA TION REMOVAL (Specify) _____	24b. DATE <u>FEB. 26, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>G.A.R. CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>MIAMI OKLA</u>
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DATE REC'D BY LOCAL REG. <u>2-25-55</u>	REGISTRAR'S SIGNATURE <u>Mrs. Madeline A. Switzer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>HEDGE-LEWIS FUNERAL HOME</u> ADDRESS <u>WEBB CITY, MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed MAR 1 - 1953

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 *Richard Gray Lew*

Licensed Embalmer No. *440*
P. O. Address *Walt Cit*

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.