

FILED MAY 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12243**

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **8026** Registrar's No. **161**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Independence		c. LENGTH OF STAY (In this place) 3 Months	c. CITY OR TOWN Independence
d. FULL NAME OF HOSPITAL OR INSTITUTION 910 East Alton		f. STREET ADDRESS (If rural, give location) 910 East Alton	

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) HOWARD	c. (Last) EDWARDS	4. DATE OF DEATH (Month) (Day) (Year) April 24, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 16, 1953	9. AGE (In years last birthday) 1 IF UNDER 1 YEAR Months 9 Days 8 IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Neosho, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Frank Edwards	13b. MOTHER'S MAIDEN NAME Anne Showalter	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Frank Edwards, 910 E. Alton, Indep. Mo.	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Peritonitis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) Distended Nerve		
	DUE TO (c) mesenteric thrombosis		
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 5702
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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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens (Degree or title) 3	23b. ADDRESS 1034 Quetta Bldg	23c. DATE SIGNED 4-25-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE April 25, 1955	24c. NAME OF CEMETERY OR CREMATORY Granby, Missouri	24d. LOCATION (City, town, or county) (State) Granby, Missouri
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DATE REC'D BY LOCAL REG. 4-25-55	REGISTRAR'S SIGNATURE George C. Carson	25. FUNERAL DIRECTOR'S SIGNATURE George C. Carson	ADDRESS Independence, Mo.
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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... *Dean W. Huff*
Licensed Embalmer No. *4914*

P. O. Address *Independence*

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.