

FILED MAY 2 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12762

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 5851 Registrar's No. 134

1. PLACE OF DEATH a. COUNTY <u>NODAWAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NODAWAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>GREEN TWP</u>		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) <u>GREEN TWP</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>		e. STREET ADDRESS <u>NONE</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROY</u>		b. (Middle) <u>LAURENCE</u>	
c. (Last) <u>EDWARDS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-22-1955</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>2-5-1905</u>
9. AGE (In years last birthday) <u>50</u>		10. MONTHS <u>2</u>	11. DAYS <u>17</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AGRICULTURE</u>	11. BIRTHPLACE (State or foreign country) <u>TERRE HAUTE INDIANA</u>
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>JOHN A EDWARDS</u>	
13b. MOTHER'S MAIDEN NAME <u>CORA MAY EARL</u>		14. NAME OF HUSBAND OR WIFE <u>IRENE EDWARDS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Irene Edwards</u>		ADDRESS <u>Burlington, Mo</u>	
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>Coronary occlusion</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>  INTERVAL BETWEEN ONSET AND DEATH <u>instantaneous</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201	
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)	
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>4/24/55</u> , 19 <u>55</u> , to <u>4/22/55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>2/23/55</u> , 19 <u>55</u> , and that death occurred at <u>10 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Ch. Niedermeyer, MD</u>		23b. ADDRESS <u>Markio, Mo.</u>	
23c. DATE SIGNED <u>4/23/55</u>		24a. BURLIAL, CREMATION, REMOVAL (Specify) <u>BURLIAL</u>	
24b. DATE <u>4-25-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GRANDE HALL</u>	
24d. LOCATION (City, town, or county) (State) <u>Rock Port, Mo.</u>		DATE REC'D BY LOCAL REG. <u>4-30-55</u>	
REGISTRAR'S SIGNATURE <u>Bess Holt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>BARTHOLOMEW MORTUARY</u>	
ADDRESS <u>Rock Port, Mo.</u>		ADDRESS <u>Rock Port, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 1 1951  
RECEIVED

**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 Gutz Burtston

Licensed Embalmer No. 3173

P. O. Address Rock Pt. N.J.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.