

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17952

State File No.

FILED JUN 20 1955

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 250

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| 1. PLACE OF DEATH a. COUNTY <u>Cane Girardeau</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cane Girardeau</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural New Madrid</u> <u>0720</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>R#1 Box99a Matthews</u> | |

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| 3. NAME OF DECEASED (Type or Print) <u>Grover</u> | a. (First) _____ b. (Middle) _____ c. (Last) <u>Edwards, Jr.</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 25, 1955</u> |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Colored</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>April 5, 1902</u> | 9. AGE (In years last birthday) <u>53</u> | IF UNDER 1 YEAR Months <u>1</u> Days <u>21</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>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | 11. BIRTHPLACE (State or foreign country) <u>Bald Knob, Ark.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Grover Edwards</u> | 13b. MOTHER'S MAIDEN NAME <u>Maggie Harris</u> | 14. NAME OF HUSBAND OR WIFE <u>Earlee Edwards</u> |
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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) <u>No</u> | 16. SOCIAL SECURITY NO. <u>Unk.</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Ease Edwards, Matthews, Mo.</u> ADDRESS <u>R#1</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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uræmia</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Valvular heart disease</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Ch. Myocarditis</u> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4214</u> | 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 5-22, 1955, to 5-25, 1955, that I last saw the deceased alive on 5-24, 1955, and that death occurred at 12:10 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Robert B. Neumann M.D.</u> | 23b. ADDRESS <u>Cane Girardeau Mo.</u> | 23c. DATE SIGNED <u>5-28-55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL <u>Burial</u> | 24b. DATE <u>29 May 55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Sandhill Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>New Madrid, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>6-13-55</u> | REGISTRAR'S SIGNATURE <u>C. W. Summers</u> <u>44</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard W. ...</u> ADDRESS <u>...</u> |
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WRITE PLAINLY—USING UNFADING 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
Student Embalmer

Signed Tommy R. Roberts

Licensed Embalmer No. 9886

P. O. Address New Madrid, 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.