FILED JAN 10 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41387

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 5789 Registrar's No. 50

1. PLACE OF DEATH
a. COUNTY: Mississippi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural St James Twp.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Mississippi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rt. #1 Miller community
d. STREET ADDRESS (If rural, give location): Rt. # 1 Miller Community

3. NAME OF DECEASED (Type or Print)
a. (First): Laura
b. (Middle): Bell
c. (Last): Edwards

4. DATE OF DEATH (Month) (Day) (Year): Dec. 31, 1955

5. SEX: FeMale
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 12/30/1868
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Mayfield, Ky.
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: E. Calhoun
13b. MOTHER'S MAIDEN NAME: Minnie Calhoun Taylor
14. NAME OF HUSBAND OR WIFE: John W. Edwards
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: NO
17. INFORMANT'S SIGNATURE OR NAME: Allen Edwards — ADDRESS: Jackson, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer Stomach — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

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. 151X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1955, *to* Dec 31, 1955, *that I last saw the deceased alive on* Dec 31, 1955, *and that death occurred at* 7:30 pm *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J P Martin MD
23b. ADDRESS: E Prairie Mo
23c. DATE SIGNED: 1-7-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/2/1956
24c. NAME OF CEMETERY OR CREMATORY: Dogwood
24d. LOCATION (City, town, or county) (State): Dogwood Miss., Missouri

DATE REC'D BY LOCAL REG.: 1-7-56
REGISTRAR'S SIGNATURE: Gertrude D. Harper
25. FUNERAL DIRECTOR'S SIGNATURE: Elgin McMillin — **ADDRESS**: McMillin Funeral Home E. P. Mo.

(Licensed Embalmer's Statement on Reverse Side)

JAN. REC'D JAN. REC'D

RECEIVED

Miss. Co. Health De

County File No.

Date Filed JAN 9 19

MISSISSIPPI COUNTY HEALTH DEPT.

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 J. Elgin McMuttle

Licensed Embalmer No. 4695

P. O. Address E. Prairie M

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

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