

FILED JAN 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1146**

BIRTH NO. _____ REG. DIST. NO. **133** PRIMARY REG. DIST. NO. **5490** Registrar's No. **27**

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Harrison	
b. CITY OR TOWN Rural White Oak Twp.		c. CITY OR TOWN New Hampton	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 3 yr		e. STREET ADDRESS (If rural, give location) 2 1/4 Miles South of New Hampton	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2 1/4 Miles South of New Hampton			

3. NAME OF DECEASED (Type or Print)	a. (First) Dorland	b. (Middle) Eilmo	c. (Last) Edgar	4. DATE OF DEATH (Month) (Day) (Year) Jan 16 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 22, 1919	9. AGE (In years last birthday) 36	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Automobile Mechanic	10b. KIND OF BUSINESS OR INDUSTRY Automobile Repair	11. BIRTHPLACE (City and State or Foreign Country) New Hampton, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George Melvin Edgar	13b. MOTHER'S MAIDEN NAME Mary Edith Smith	14. NAME OF HUSBAND OR WIFE Anna Mary Edgar
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 499-18-4230	17. INFORMANT'S SIGNATURE OR NAME Anna Mary Edgar	ADDRESS New Hampton, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 MO
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Lung		2 YRS.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Osteogenic Sarcoma of face bones (MAXILLARY) DUE TO (c) _____		
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 196x	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) (Min.) _____	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 **1-11 1956** to **1-16 1956**, that I last saw the deceased alive on **1-15 1956** and that death occurred at **12 NOON** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. L. Gunn, M.D.	23b. ADDRESS New Hampton, Mo	23c. DATE SIGNED 1-17-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-18-1956	24c. NAME OF CEMETERY OR CREMATORY Foster Cemetery	24d. LOCATION (City, town, or county) (State) New Hampton, Missouri
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DATE REC'D BY LOCAL REG. 1-21-56	REGISTRAR'S SIGNATURE Zola Burris	25. FUNERAL DIRECTOR'S SIGNATURE W. H. Noble & Son	ADDRESS New Hampton, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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 William George Noble....., Student Embalmer No. 571
working under my personal supervision..

Student. William George Noble.....
Signature of Student Embalmer

Signed W G Noble.....

Licensed Embalmer No. 296

P. O. Address New Hamp.

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.