.300
.48

FILED APR 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10309
State File No.

BIRTH NO. REG. DIST. NO. 914 PRIMARY REG. DIST. NO. 6063 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY St. Clair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural- Osceola
c. LENGTH OF STAY (In this place) 2 yrs 9
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Jackson Township

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Clair
c. CITY OR TOWN Rural- Osceola
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) Jackson Township D 930 S

3. NAME OF DECEASED (Type or Print)
a. (First) Mary
b. (Middle) Caroline
c. (Last) Edwards

4. DATE OF DEATH (Month) (Day) (Year) Mar;22,1956

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Dec;15,1871

9. AGE (In years last birthday) 84 — 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) Housekeeping

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Centralia Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Whitchurch

13b. MOTHER'S MAIDEN NAME Clarinda Palmer

14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME C.K. Edwards, Osceola Missouri
ADDRESS

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) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 10 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes mellitus — 9½ years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Thyroid fibro-cystadenoma — unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 26 OX

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* May, 1946, *to* March 22, 1956, *that I last saw the deceased alive on* March 22, 1956, *and that death occurred at* 11:34 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) C K Edwards

23b. ADDRESS Iconium, Mo.

23c. DATE SIGNED 3-23-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 3-23-56

24c. NAME OF CEMETERY OR CREMATORY Salem Illinois

24d. LOCATION (City, town, or county) (State) Salem Illinois

DATE REC'D BY LOCAL REG. 3-23-56

REGISTRAR'S SIGNATURE Ruth Sawyers

25. FUNERAL DIRECTOR'S SIGNATURE Goodrich Funeral Home, Osceola Mo.
ADDRESS

(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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. B. [illegible]

Licensed Embalmer No. 30[illegible]

P. O. Address Osceola

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.