

FILED MAY 8 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13997**
Registrar's No. **13**

BIRTH NO. **124** REG. DIST. NO. **286** PRIMARY REG. DIST. NO. **286**

1. PLACE OF DEATH a. COUNTY MADISON		2. USUAL RESIDENCE: (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MADISON	
b. CITY OR TOWN FREDERICKTOWN	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN FREDERICKTOWN	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 611 VILLAR ST.		e. STREET ADDRESS (If rural, give location) 611 VILLAR ST.	

3. NAME OF DECEASED (Type or Print)	a. (First) FLORENCE	b. (Middle) LORENA	c. (Last) EDWARDS	4. DATE OF DEATH (Month) (Day) (Year) APRIL 28, 1956
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 22, 1886	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 10 Days 6	IF UNDER 24 HRS. Hours 6 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) MADISON COUNTY, MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME FRANK SIMINIO	13b. MOTHER'S MAIDEN NAME ROSENA POLSTE	14. NAME OF HUSBAND OR WIFE ARTHUR EDWARDS
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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 ARTHUR EDWARDS - FREDERICKTOWN	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis.		INSET BETWEEN ONSET AND DEATH 5 minutes or less years. years.
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Hypertension rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General atherosclerosis		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	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)
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?

22. I hereby certify that I attended the deceased from **many years**, to **Apr 28, 1956** that I last saw the deceased alive on **Apr 17, 1956**, and that death occurred **at 1:13 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)	23b. ADDRESS 135 W. Main Fredericktown	23c. DATE SIGNED Apr 30, 56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4/30/56	24c. NAME OF CEMETERY OR CREMATORY MARCUS Memorial Park	24d. LOCATION (City, town, or county) (State) MADISON Co. MO
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DATE REC'D BY LOCAL REG. 4-30-1956	REGISTRAR'S SIGNATURE Florence Hicks	25. FUNERAL DIRECTOR'S SIGNATURE J. J. Delaney - FREDERICKTOWN, MO	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.

RECEIVED
MAY 7 - 1956
REGISTERED

FILE No. 234-15

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 _____
Signature of Student Embalmer

Signed J. T. Adams

Licensed Embalmer No. 43

P. O. Address FREDERICKTOWN

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.