

THE DIVISION OF HEALTH OF THE STATE OF OKLAHOMA
STANDARD CERTIFICATE OF DEATH

24620

State File No.

FILED AUG 14 1956

BIRTH NO. _____		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>5938</u>		Registrar's No. <u>145</u>			
1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admittance). --a. STATE <u>Oklahoma</u> b. COUNTY <u>Oklahoma</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		c. LENGTH OF STAY (in this place) <u>Trans.</u>		c. CITY OR TOWN <u>Oklahoma City, Okla</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Hi Way 66 Arlington Mo.,</u>				e. STREET ADDRESS (If rural, give location) <u>723 So. West 29th St., 8350 8</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>MICHAEL</u>		b. (Middle) <u>GORDON</u>		c. (Last) <u>EDWARDS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 8, 1956</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>October 7, 1951</u>			
9. AGE (In years last birthday) <u>4</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>1</u>		IF UNDER 2 HRS. Hours <u>1</u> Min. <u></u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>xx</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Oklahoma City, Okla</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Haskell Edwards</u>			13b. MOTHER'S MAIDEN NAME <u>Tommie Eather Morgan</u>			14. NAME OF HUSBAND OR WIFE <u>xx</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>x</u>		16. SOCIAL SECURITY NO. <u>x</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Haskell Edwards, 723 So. West 29th St., Oklahoma City, Okla.</u>					
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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Basal Skull Fracture, with deep laceration of the throat and extensive internal injuries</u>				ANTECEDENT CAUSES <u>xxxx</u> DUE TO (b) <u>Automobile accident.</u>				DUE TO (c) <u>Automobile accident.</u>	
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>								Immediate.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>U.S. Highway 66</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Near; Arlington Mo., Osage</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>August 8, 1956 2:05 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Automobile wreck.</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased <u>DEAD</u> on <u>Aug. 8</u> , 19 <u>56</u> , and that death occurred at <u>2:05 P.M.</u> from the causes and on the date stated above.									
23a. SIGNATURE <u>S. L. Null</u> (Degree or title) <u>Coroner, Phelps Co.,</u>				23b. ADDRESS <u>508 West 8th St., Rolla Mo.,</u>				23c. DATE SIGNED <u>8-9-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-10-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunny Lane Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Oklahoma City, Oklahoma</u>			
DATE REC'D BY LOCAL REG. <u>Aug. 9, 1956</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>S. L. Null</u>		ADDRESS <u>Rolla Mo.,</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

Frederick County Health Officer,

County File Number 489

Date Filed AUG 14 1956

AUG 22 1956

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 *S. L. Muel*

Licensed Embalmer No. 3391

P. O. Address Roller

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: