

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35057**

FILED OCT 29 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 145

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville</u>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Waynesville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Waynesville General</u>		e. STREET ADDRESS (If rural, give location) <u>Rt 1. Cullen twp 2850</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>John</u>	b. (Middle) <u>William</u>	c. (Last) <u>Edwards</u>	(Month) <u>Oct</u>	(Day) <u>13</u>	(Year) <u>1956</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 5, 1872</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Grayson County Ky</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Silas Edwards</u>	13b. MOTHER'S MAIDEN NAME <u>Johna Wilson</u>	14. NAME OF HUSBAND OR WIFE <u>Nancy York</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>486185500</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Raymond Edwards</u>	ADDRESS <u>Waynesville, Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>	DUE TO (b) <u>Hypertensive Heart Disease</u>		<u>24 hrs.</u>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	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	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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1954, to Time Dept, that I last saw the deceased alive on 10-13, 1956, and that death occurred at 8:15 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>H. E. ...</u> (Degree or title)	23b. ADDRESS <u>Waynesville Mo</u>	23c. DATE SIGNED <u>10-16-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/16/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crocker</u>	24d. LOCATION (City, town, or county) (State) <u>Crocker, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-16-56</u>	REGISTRAR'S SIGNATURE <u>Eula Mae Anderson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter B. ...</u> ADDRESS <u>Hedges Funeral Home Inc Iberia, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4-5  
0-8

RECEIVED 10-20-56  
Pulaski County Health Officer  
145  
File Number  
Date Filed 10-16-56

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..... *Walter D. Meador*

Licensed Embalmer No. *142*

P. O. Address *Here*

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.