THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 4 1957

STATE FILE NUMBER 3951

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 159

1. PLACE OF DEATH a. COUNTY Cape Girardeau	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau — Inside Limits Yes X No	c. CITY OR TOWN Oriole 0160 2 — Inside Limits Yes No X
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 430 N. Frederick — Length of stay in Ib 72 yrs.	d. STREET ADDRESS (If outside, give location) Randol Township — Reside on Farm Yes X No

3. NAME OF DECEASED (Type or print)	First: Clarence	Middle: Wilbur	Last: Edwards	4. DATE OF DEATH Month: Feb Day: 26 Year: 1957
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Feb. 28, 1885	9. AGE (In years last birthday): 72 — 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): Farming	10b. KIND OF BUSINESS OR INDUSTRY: Farm	11. BIRTHPLACE (City and state or country): Oriole, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: William M. Edwards		14. MOTHER'S MAIDEN NAME: Amanda Angeline Allen		
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.: None	17. INFORMANT: Mrs. Charles H. Young	Address: 1822 Bend Rd. Cape Gir., Mo	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Generalized Arteriosclerosis — 5 yrs +

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) (Premature senility)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4500

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ — 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) — 20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from Dec. 18, 1956, to Feb 26, 1957 and last saw her/him alive on Feb 26, 1957. Death occurred at 4:55 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John Crowe (Degree or title) MD — 22b. ADDRESS Cape Girardeau, Mo — 22c. DATE SIGNED Feb 27, 1957

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Burial	Feb 28, 57	McLain's Chapel	Oriole, Missouri

24. FUNERAL DIRECTOR	ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
L.L. Haman	Cape Girardeau Mo	3-2-57	C. C. Summers

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Part 1b. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....L.L.Haman.....

Licensed Embalmer No. 286

P. O. Address 107 S. Sp
Cape Gir.

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.