

health, Welfare Public Service
 000-56
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 Section, Coroner, etc. must use only standard instruments from the State. All symptoms written on reverse.
 31-2

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

7588

FILED APR 15 1957

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 120

1. PLACE OF DEATH a. COUNTY <u>Boone</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u> <u>0</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Columbia</u> <u>01050</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Boone Co. Hosp.</u>		Length of stay in lb <u>13 days</u>	d. STREET ADDRESS <u>1400 Hinkson Ave.</u>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Ira</u> Last <u>Edwards</u>			4. DATE OF DEATH Month <u>April</u> Day <u>8</u> Year <u>1957</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 31, 1896</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Printer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>M.F.A. Pub. Co.</u>	11. BIRTHPLACE (City and state or country) <u>Columbia, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13. FATHER'S NAME <u>John Green Edwards</u>			14. MOTHER'S MAIDEN NAME <u>Rosalee Nevins</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give year or dates of service) <u>WW1</u>		16. SOCIAL SECURITY NO. <u>490-32-3047</u>	17. INFORMANT Address <u>Helen Edwards Columbia, Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized carcinomatosis</u> <u>metastatic from right kidney</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____					INTERVAL BETWEEN ONSET AND DEATH <u>50 days</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) _____			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			_____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>19 Feb 57</u> to <u>8 April 57</u> and last saw <u>him</u> alive on <u>8 Apr 57</u> Death occurred at <u>2:30 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <u>Elvie P. Rodgers MD</u>			22b. ADDRESS <u>101 West Broadway</u>		22c. DATE SIGNED <u>1/6/1957</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4/10/1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Columbia,</u>		23d. LOCATION (City, town, or county) (State) <u>Columbia, Missouri</u>		
24. FUNERAL DIRECTOR <u>Lyman Sprinkle, Columbia, Missouri</u>		ADDRESS _____	25. DATE RECD. BY LOCAL REG. <u>Apr 11, 1957</u>	26. REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>		

(Licensed Embalmer's Statement on Reverse Side)

MAY 19 1958

APR 15 1957

MAY 7 1957

JUN 13 1957

APR 19 1957

APR 24 1957

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, ~~XXXX~~....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Lyman H. Sprinkle*

Licensed Embalmer No. *40*

P. O. Address *Columbia*

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.