

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **16161**

FILED MAY 20 1957

Registration District No. **38** Primary Registration District No. **3006** Registrar's No. **176**

S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Columbia		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone County Hosp			Length of stay in lb Life		d. STREET ADDRESS (If outside, give location) Mexico Gravel Rd.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First William Middle Sanford Last Edwards				4. DATE OF DEATH Month May Day 14 Year 1957							
5. SEX Male		6. COLOR OR RACE Cauc.		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 3-13-1929		9. AGE (In years birthday) 28		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) News Reporter			10b. KIND OF BUSINESS OR INDUSTRY Jourlinism		11. BIRTHPLACE (City and state or country) Columbia, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME C. Moss Edwards				14. MOTHER'S MAIDEN NAME Janie Dennis							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		17. INFORMANT C. Moss Edwards, Columbia, Missouri						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Diabetes Mellitus Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ 260X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Interco-pillary Glomerulosclerosis										INTERVAL BETWEEN ONSET AND DEATH 18 years	
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 _____ a. m. _____ p. m. Month, Day, Year _____											
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 9-9-50 to 5-14-57 and last saw him alive on 5-13-57 Death occurred at 12:30 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Dworce or title) Charles M. Lankford, M.D.						22b. ADDRESS Columbia, Missouri		22c. DATE SIGNED 5-16-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-16-1957		23c. NAME OF CEMETERY OR CREMATORY Columbia Cemetery			23d. LOCATION (City, town, or county) (State) Columbia, Missouri				
24. FUNERAL DIRECTOR Parker Funeral Service, Columbia, Mo.				25. DATE RECD. BY LOCAL REG. May 17 1957		25. REGISTRAR'S SIGNATURE Mrs R E Palmer					

31-0

MAY 23 1951

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 .....

Licensed Embalmer No. 5016

P. O. Address Columbia,

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.