

300
1-56

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All symptoms will be listed. All

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUN 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20473
STATE FILE NUMBER
Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 218

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Montgomery	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Jefferson City Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Irving Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 318 Case Ave		d. STREET ADDRESS General Delivery (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JOHN Middle WESLEY Last EDWARDS		4. DATE OF DEATH Month June Day 23rd Year '57	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 13th 1910
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman		9b. KIND OF BUSINESS OR INDUSTRY Phillips Pipeline	9c. AGE (In years last birthday) 47
10a. FATHER'S NAME Otis M. Edwards		10b. BIRTHPLACE (City and state or country) Pleasanton, Kansas	
11. MOTHER'S MAIDEN NAME Mabel Evans		12. CITIZEN OF WHAT COUNTRY? USA	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None		14. SOCIAL SECURITY NO. Unknown	
15. INFORMANT Mrs John W. Edwards, Irving, Illinois		16. ADDRESS	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary sclerosis DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH 2 hrs. 2 mo.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 4201			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 (seen after death) and last saw her/him alive on _____ Death occurred at 11:05 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Samuel Baker MD		22b. ADDRESS Jefferson City Mo	
22c. DATE SIGNED 6/29/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 26th '57	
23c. NAME OF CEMETERY OR CREMATORY Irving cemetery		23d. LOCATION (City, town, or county) (State) Irving, Illinois	
24. FUNERAL DIRECTOR Tanner Service Jefferson City, Mo.		25. DATE RECD. BY LOCAL REG. 24 June 1957	
26. REGISTRAR'S SIGNATURE R. P. Dorris, MD-NR			

JUL 2 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed 
Donald P. Freeman
Licensed Embalmer No.....

P. O. Address Jefferson. C
Mo.

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.