

Health, Welfare Public Service
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STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED SEP 9 1957

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <i>Harrison</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Harrison</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Bethany</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Bethany</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <i>D.O.A. Noll Mem.</i>		Length of stay in lb <i>3 yr.</i>	d. STREET ADDRESS (If outside, give location) <i>S 16th St.</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Gail</i> Middle <i>Priester</i> Last <i>Edwards</i>			4. DATE OF DEATH Month <i>9</i> Day <i>5</i> Year <i>1957</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>9-16-1907</i>	9. AGE (In years last birthday) <i>49</i>	FUNDER YEAR Months <i>11</i> Days <i>19</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <i>Merchant</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Tavern</i>	11. BIRTHPLACE (City and state or country) <i>Mapleton Iowa</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13a. FATHER'S NAME <i>Jay Edwards</i>		13b. MOTHER'S MAIDEN NAME <i>Bessie Priester</i>		14. NAME OF HUSBAND OR WIFE <i>Cora Edwards</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give year or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>884-10-7429</i>		17. INFORMANT Address <i>Cora Edwards Bethany, Mo</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>FRACTURE OF CERVICAL SPINE & SPINAL CORD DAMAGE</i>					INTERVAL BETWEEN ONSET AND DEATH <i>MINUTES.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					<i>8354</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>33</i>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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) <i>WHILE ENGAGED IN A MOTOR CAR RACE, HIS CAR LEFT</i>		
20c. TIME OF INJURY Hour <i>2:45</i> p.m. Month <i>9</i> Day <i>5</i> Year <i>57</i>			<i>THE TRACK, ROLLED OVER & THREW HIM TO THE GROUND.</i>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>FAIRGROUNDS, BETHANY, MO</i>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>BETHANY FAIRGROUNDS, HARRISON CO, MO.</i>	
21. I attended the deceased from _____ to _____ and last saw him alive on <i>D.O.A.</i> Death occurred at <i>3</i> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Albert Nibbe M.D.</i> (Degree or title)			22b. ADDRESS <i>Box 33, Bethany, Mo.</i>		22c. DATE SIGNED <i>9-7-57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>9-7-1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Danbury Iowa</i>		23d. LOCATION (City, town, or county) (State) <i>Danbury Iowa.</i>
24. FUNERAL DIRECTOR <i>Mr. Haas</i>		ADDRESS <i>Bethany, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>9-7-1957</i>	26. REGISTRAR'S SIGNATURE <i>Bolla Maxey</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATE BY PHYSICIAN
 10-2-57

SEP 30 1957

NOV 24 1958

SEP 18 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, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *MBA*

Licensed Embalmer No. *3899*
P. O. Address *Bethany, Mo*

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.