

FILED SEP 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30884**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **990**

1. PLACE OF DEATH a. COUNTY BUCHANAN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a: STATE MISSOURI b. COUNTY BUCHANAN c. CITY OR TOWN ST. JOSEPH d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
b. CITY (If outside corporate limits, write RURAL and give township) ST. JOSEPH		c. CITY OR TOWN ST. JOSEPH	
c. LENGTH OF STAY (In hospital or institution) 11 DAYS		e. STREET ADDRESS (If rural, give location) STATE HOSPITAL # 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION MISSOURI METHODIST HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) FREADA	b. (Middle) WILHELMINA	c. (Last) EDWARDS	4. DATE OF DEATH (Month) (Day) (Year) SEPTEMBER 11, 1957
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAY 10, 1899	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ATTENDANT	10b. KIND OF BUSINESS OR INDUSTRY HOSPITAL	11. BIRTHPLACE (City and State or Foreign Country) OWENSVILLE, MISSOURI.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME CHARLES OTT	13b. MOTHER'S MAIDEN NAME LENA SEIKMAN	14. NAME OF HUSBAND OR WIFE HOMER EDWARDS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY (If yes, give war or date of service) 489-36-4199^{NO.}	17. INFORMANT'S SIGNATURE OR NAME MRS OLENA HADEN	ADDRESS 918 So. II St, Joseph, Mo.
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19. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic carcinoma Lung		6 mos
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastatic carcinoma brain		3 mos
DUE TO (c) Primary carcinoma breast.		4 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 170 X			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **8**, 19**56**, to **9-11**, 19**57**, that I last saw the deceased alive on **9-10**, 19**57**, and that death occurred at **6:00 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. H. Ryan M.D.	23b. ADDRESS St. Joseph Mo	23c. DATE SIGNED 9/13/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 14, 1957	24c. NAME OF CEMETERY OR CREMATORY Mount Hope Cemetery	24d. LOCATION (City, town, or county) (State) Mound City, Missouri.
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DATE REC'D BY LOCAL REG. 9-17-57	REGISTRAR'S SIGNATURE Mrs. Robert Fulton	25. FUNERAL DIRECTOR'S SIGNATURE James H. Pettigrew	ADDRESS Oregon Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

48

OCT 2 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..... *James H. Pettigrew*.....
Licensed Embalmer No. *3192*.....
P. O. Address..... *Oregon*.....

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.