

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 4 1957

State File No. 35184

BIRTH NO. _____		REG. DIST. NO. <u>75</u>		PRIMARY REG. DIST. NO. <u>3015</u>		Registrar's No. <u>103</u>	
1. PLACE OF DEATH a. COUNTY <u>Clinton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Clinton</u>			
b. CITY OR TOWN <u>Cameron</u>		c. LENGTH OF STAY (in this place) <u>2 mths</u>		c. CITY OR TOWN <u>Osborn</u>		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>Osborn</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>		b. (Middle) <u>Floyd</u>		c. (Last) <u>Edward</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 27 57</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED (Never married, widowed, divorced) (Specify) <u>married</u>		8. DATE OF BIRTH <u>Dec 14 1885</u>	
9. AGE (In years last birthday) <u>71</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Small farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Corder Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Floyd Edwards</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Higgins</u>		14. NAME OF HUSBAND OR WIFE <u>Chimmie Edwards</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, none known) <u>No</u>		16. SOCIAL SECURITY NO. <u>487 42 9618</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Chimmie Edwards</u>		ADDRESS <u>Osborn</u>	
18. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Generalized</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 mos.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
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)		22. I hereby certify that I attended the deceased from <u>Feb 7, 1955</u> , to <u>Oct 27, 1957</u> , that I last saw the deceased alive on <u>Oct 27, 1957</u> , and that death occurred at <u>6:00 p.m.</u> , from the causes and on the date stated above.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?		23a. SIGNATURE (Degree or title) <u>M.D.</u>	
23b. ADDRESS <u>Cameron Mo</u>		23c. DATE SIGNED <u>10-29-57</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-29-57</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Osborn</u>		24d. LOCATION (City, town, or county) (State) <u>Osborn Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Poland Funeral Home</u>		ADDRESS <u>Cameron</u>	
DATE REC'D BY LOCAL REG. <u>10-29-57</u>		REGISTRAR'S SIGNATURE <u>Francis D. Crawford</u>		531-6		(Licensed Embalmer's Statement on Reverse Side)	

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 *Lawrence J. Thompson*.....

Licensed Embalmer No. *4735*

P. O. Address *Cameron*.....

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.