

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004979
State File No.

FILED MAR 5 - 1958

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 44

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|---|-------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY Dunklin | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pemiscot | |
| b. CITY OR TOWN Kennett | | c. CITY OR TOWN Bragg City | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (in this place) 1-Day | | e. STREET ADDRESS (If rural, give location) Rt. 1 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Dunklin Co. Memorial Hosp. | | | |
| 3. NAME OF DECEASED a. (First) Columbus | | b. (Middle) Jackson | |
| c. (Last) Edwards | | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 11, 1958 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH July 20, 1876 |
| 9. AGE (In years last birthday) 81 | | 10. AGE (In years) 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) Retired R.R. | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | |
| 11. BIRTHPLACE (City and State or Foreign Country) / Morgan Co. Ky. | | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13a. FATHER'S NAME Frank Edwards | | 13b. MOTHER'S MAIDEN NAME Febbe (Unknown) | |
| 14. NAME OF HUSBAND OR WIFE (Deceased) | | | |
| 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. UNKNOWN | |
| 17. INFORMANT'S SIGNATURE OR NAME Roberta Winters Bragg | | ADDRESS City, Mo. Rt. 1 | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| INTERVAL BETWEEN ONSET AND DEATH 2 days | | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | |
| 20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) 332X | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? _____ | | | |
| 22. I hereby certify that I attended the deceased from <u>2-3-</u> ¹⁹⁵⁸ to <u>2-11-</u> ¹⁹⁵⁸ , that I last saw the deceased alive on <u>2-11-</u> ¹⁹⁵⁸ , and that death occurred at <u>7:30 A.M.</u> ¹⁹⁵⁸ from the causes and on the date stated above. | | | |
| 23a. SIGNATURE George R. Dunning M.D. | | 23b. ADDRESS Kennett, Missouri | |
| 23c. DATE SIGNED 2-24-58 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 2/14/58 | |
| 24c. NAME OF CEMETERY OR CREMATORY Caruthersville | | 24d. LOCATION (City, town, or county) (State) Caruthersville Mo. | |
| DATE REC'D BY LOCAL REG. 2-26-58 | | REGISTRAR'S SIGNATURE Carl H. ... | |
| 25. FUNERAL DIRECTOR'S SIGNATURE McDaniel Funeral Service | | ADDRESS Senath, Mo. | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 3458
COUNTY FILE NUMBER 358

APR 22 1958

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 *Hubert B. Baird*

Licensed Embalmer No. *4888*

P. O. Address *Kennett, 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.