

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006321
STATE FILE NUMBER

FILED MAR 10 1958

Registration District No. 178 Primary Registration District No. 4286 Registrar's No. 20

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>LAGRANGE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>LAGRANGE</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At Home</u>		Length of stay in 1b <u>60yr-</u>	d. STREET ADDRESS (If outside, give location) <u>No street Address</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Heslie - Edwards</u>			4. DATE OF DEATH Month Day Year <u>February 28, 1958</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 14, 1869</u>
9. AGE (In years last birthday) <u>88</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>lawyer</u>	11. BIRTHPLACE (City and state or country) <u>Lincoln County, Mo., U.S.A.</u>
13a. FATHER'S NAME <u>Radcliff Edwards</u>		13b. MOTHER'S MAIDEN NAME <u>Linna K. Johnson</u>	14. NAME OF HUSBAND OR WIFE <u>Rosalie Edwards</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>E.C. Edwards - Athens, Texas</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>331X</u>			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"/> <u>Natural Causes</u>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Death occurred when deceased was going</u>	
20c. TIME OF INJURY Hour Month, Day, Year <u>8:15 a.m. - 2-28-58</u>		<u>to his office. Well in garage at home.</u>	
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.) <u>at home</u>	
20f. CITY, TOWN, OR LOCATION <u>Lagrange, Lewis Co.</u>		COUNTY STATE <u>Mo.</u>	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Carl H. Buckley, Coroner</u>		22b. ADDRESS <u>Canton, Mo.</u>	22c. DATE SIGNED <u>3-4-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>MARCH 4 '58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Forest Grove</u>
23d. LOCATION (City, town, or county) <u>CANTON, Mo.,</u>		(State)	
24. FUNERAL DIRECTOR <u>J. Kenneth Bailey</u>		ADDRESS <u>Kathays Mo</u>	25. DATE RECD. BY LOCAL REG. <u>3-7-58</u>
26. REGISTRAR'S SIGNATURE <u>P.W. Jennings, M.D.</u> <u>E.L.</u>			

Health,
Welfare
Public
Service

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

SEP 18 1958

SEP 18 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 J. Kenneth Bailey
Licensed Embalmer No. 4348
P. O. Address La Grange, 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.