

FILED MAR 18 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009714
State File No.

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 18

456

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

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Howard | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Howard | |
| b. CITY (If outside corporate limits, write RURAL and give township) Fayette, Mo. | | c. CITY OR TOWN Higbee | 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) 5 days | | e. STREET ADDRESS (If rural, give location) Boone Femme Twp. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Lee Hospital | | | |

6459

| | | | | | |
|-------------------------------------|-------------------------------|---|---|--|---|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH (Month) (Day) (Year) | | |
| a. (First) CHARLES | b. (Middle) RICHARD | c. (Last) EDWARDS | FEB. 14, 1958 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Oct. 1, 1884 | 9. AGE (In years) (Month) (Day) (Hours) (Min.) 73 4 13 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R.R. Mail Clerk |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY C. & A. R. R. | 11. BIRTHPLACE (City and State or Foreign Country) Howard County, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

| | | | | | |
|--|--|---|--|--|--|
| 13a. FATHER'S NAME William D. Edwards | | 13b. MOTHER'S MAIDEN NAME Belle Klein | | 14. NAME OF HUSBAND OR WIFE Marie Mueller | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Charles R. Edwards Higbee, Mo. | |

| | | | | | |
|---|--|---|--|--|--|
| 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) Acute Cardiac decompensation | | | INTERVAL BETWEEN ONSET AND DEATH |
| | | 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. | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | 20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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) 4344 | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 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 _____, 1956, to 2-14, 1958, that I last saw the deceased alive on 2-14, 1958, and that death occurred at 7 A.m., from the causes and on the date stated above.

| | | | | | |
|--|--|--|--|--|--|
| 23a. SIGNATURE M. P. Reech M.D. | | 23b. ADDRESS Fayette, Mo | | 23c. DATE SIGNED 2-23-58 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 2/16/1958 | | 24c. NAME OF CEMETERY OR CREMATORY City Cemetery | |
| 24d. LOCATION (City, town, or county) (State) Higbee, Missouri | | 25. GENERAL DIRECTOR'S SIGNATURE ADDRESS Ralph A. Cull Fayette, Missouri | | | |
| DATE REC'D BY LOCAL REG. 3-3-58 | | REGISTRAR'S SIGNATURE Cheryl K. Shell | | 25. GENERAL DIRECTOR'S SIGNATURE ADDRESS Ralph A. Cull Fayette, Missouri | |

MAR 20 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.....
Licensed Embalmer No. 3340
P. O. Address Fayette, Va.

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.