

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017973
STATE FILE NUMBER

FILED JUN 2 1958 Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY Howell (mission))	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN West Plains		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN West Plains 04610 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR EXPOSURE Christa Hogan		Length of stay in lb 7 yrs	d. STREET ADDRESS (If outside, give location) 631 Mo. Avenue Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JOHN Middle SHIELDS Last EDWARDS			4. DATE OF DEATH Month May Day 24 Year 1958		
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5. SEX male 0	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 14, 1884	9. AGE (In years last birthday) 73	10. UNDER 1 YEAR Months	11. UNDER 24 HRS. Days	12. UNDER 24 HRS. Hours	13. UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner & Manager	10b. KIND OF BUSINESS OR INDUSTRY Restruant	11. BIRTHPLACE (City and state or country) Clay County, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Wm. A. Edwards	13b. MOTHER'S MAIDEN NAME Elizabeth Milligan	14. NAME OF HUSBAND OR WIFE Vivian Chandler Edwards
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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. 486-34-3666	17. INFORMANT Address Mrs. John S. Edwards, W.Plains, Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pyloric Obstruction		INTERVAL BETWEEN ONSET AND DEATH 4.5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Carcinoma Head of Pancreas	5.6 months	
DUE TO (c) 157X		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 19 May 1958 to 24 May 1958 and last saw him alive on 24 May 1958 Death occurred at 6: p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22. SIGNATURE [Signature] (Degree or title)	22b. ADDRESS West Plains, Mo.	22c. DATE SIGNED MAY 27 1958
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 27, 1958	23c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery	23d. LOCATION (City, town, or county) (State) West Plains, Missouri
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24. FUNERAL DIRECTOR Hal Shoubaugh ADDRESS THORN BURG FUNERAL HOME WEST PLAINS, MO.	25. DATE RECD. BY LOCAL REG. 5-29-58	26. REGISTRAR'S SIGNATURE Beatrice Cook
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
-57
16
0

Doctor, coroner, etc.: must use only standard nomenclature - no symptoms with - All diseases in Part I must be causally related.

1958 5 N 119

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 *Hal Thourburgh*

Licensed Embalmer No. **3408**
THORNBURGH FUNERAL HOME
P. O. Address WEST PLAINS, 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.