Health, Welfare Public Service

300 -57 1

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-023006
STATE FILE NUMBER

FILED JUL 11 1958 Registration District No. 314 Primary Registration District No. 6064 Registrar's No. 87

1. PLACE OF DEATH
a. COUNTY ST CLAIR
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN OSCEOLA - Rural — Inside Limits Yes ☐ No ☑
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3-Mi-SW — Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY ST CLAIR
c. CITY OR TOWN OSCEOLA — Inside Limits Yes ☐ No ☑
d. STREET ADDRESS 0930 2 Mi. S.W (If outside, give location) — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: MAIMIE Middle: B. Last: EdWARDS

4. DATE OF DEATH Month: June Day: 19 Year: 1958

5. SEX: FEMALE
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: June 18-1879
9. AGE (In years last birthday): 79 — 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): HOUSEKEEPING
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): HOLDEN MO
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: JAMES A LUCAS
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: R.C. Edwards Address: OSCEOLA MO

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 4201
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? YES ☐ NO ☐ 0

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at about 12:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Jarrett B. Gardner Coroner
22b. ADDRESS Osceola Mo
22c. DATE SIGNED 6-20-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-22-58
23c. NAME OF CEMETERY OR CREMATORY: SUNSET HILL
23d. LOCATION (City, town, or county) (State): WARRENSBURG MO

24. FUNERAL DIRECTOR: Goldrich & Home ADDRESS: Osceola Mo
25. DATE RECD. BY LOCAL REG.: 7/5/1958
26. REGISTRAR'S SIGNATURE: Ruth Beavers

(Licensed Embalmer's Statement on Reverse Side)

All answers in Part I must be causally related.

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. 3038

P. O. Address Osceola 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.