Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035834
STATE FILE NUMBER

72044-58
FILED OCT 20 1958 Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 123

1. PLACE OF DEATH
a. COUNTY Clinton
b. CITY OR TOWN Cameron — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Community Hospital — Length of stay in Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Caldwell
c. CITY OR TOWN Hamilton — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) 4Mi. So. Hamilton — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First: David Middle: Coleman Last: Edwards

4. DATE OF DEATH Month: Oct. Day: 11, Year: 1958

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Oct. 11, 1958
9. AGE (In years last birthday) — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours 4, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Cameron, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Carl Martin Edwards
13b. MOTHER'S MAIDEN NAME: Ernestine Grace Snider
14. NAME OF HUSBAND OR WIFE: ---

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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) Multiple congenital deformities including cleft palate, absence of nose and eyes, — INTERVAL BETWEEN ONSET AND DEATH: 4 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ~~cerebral agenesis, polydactyly, cong. heart.~~
DUE TO (c) 7531
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 [X]

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 Oct. 11, 1958 to Oct. 11, 1958 and last saw him alive on Oct. 11, 1958
Death occurred at 11:40 am on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Howard Carter M.D.
22b. ADDRESS Hamilton, Mo.
22c. DATE SIGNED 10/12/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-12-1958
23c. NAME OF CEMETERY OR CREMATORY Highland Cemetery
23d. LOCATION (City, town, or county) (State) Hamilton Mo.

24. FUNERAL DIRECTOR Morris A. Bram ADDRESS Hamilton, Mo.
25. DATE RECD. BY LOCAL REG. Oct 17 - 58
26. REGISTRAR'S SIGNATURE Francis D Crawford

(Licensed Embalmer's Statement on Reverse Side)

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 Morris C. Brown

Licensed Embalmer No. 3918

P. O. Address Hamilton

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.