

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-038900  
STATE FILE NUMBER

FILED DEC 9 1958 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 537

1. PLACE OF DEATH a. COUNTY <b>Boone</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Columbia</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Columbia</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rector's N. Home</b>				Length of stay in 1b <b>5 mos.</b>		d. STREET ADDRESS (If outside, give location) <b>108 S. Tenth</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Lela</b> Middle <b>Edwards</b> Last <b>Surber</b>				4. DATE OF DEATH Month <b>Dec.</b> Day <b>3</b> Year <b>1958</b>					
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>14</b> <b>January 1874</b>		9. AGE (In years last birthday) <b>84</b> IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Teacher</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>		11. BIRTHPLACE (City and state or country) <b>Monroe County, Mo.</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Noah A. Edwards</b>				14. MOTHER'S MAIDEN NAME <b>Nannie Atterbury</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>499-40-9699</b>		17. INFORMANT <b>Mr. Max McNulty</b>			Address <b>Columbia, Mo.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a); (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial decompensation</b>								INTERVAL BETWEEN ONSET AND DEATH <b>5 mo.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Cardio-vascular -renal disease</b>								yrs.	
DUE TO (c) <b>senility</b>									
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>	
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.) <b>442X</b>						
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.									
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.)			20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from <b>7-5-58</b> to <b>12-3-58</b> and last saw her alive on <b>12-1-58</b> Death occurred at <b>12-3-58 12:15 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (In care of title) <i>Walter Harke D.O. 2</i>						22b. ADDRESS <b>Columbia Mo</b>		22c. DATE SIGNED <b>12-4-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town or county) (State)			
<b>Burial</b>		<b>Dec. 4, 1958</b>		<b>Memorial Park Cemetery</b>		<b>Columbia, Mo.</b>			
24. FUNERAL DIRECTOR ADDRESS <b>Lyman Sprinkle Columbia, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>Dec 4 1958</b>		26. REGISTRAR'S SIGNATURE <b>Mrs R.E. Palmer</b>			

(Licensed Embalmer's Statement on Reverse Side)

alth, welfare, public service, 300-56, 310, USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE, Coroner cannot certify to a death due to natural causes.

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, ~~George D. Pearson~~....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *George D. Pearson*.....

Licensed Embalmer No. *411*

P. O. Address *Columbus*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.

DEC 11 1958