

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017332
STATE FILE NUMBER

FILED MAY 25 1959

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 488

300
1-57

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) 3 TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN 0396 Springfield
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O. Springfield Bapt. Hosp. 22 years		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 829 S. Jefferson
3. NAME OF DECEASED (Type or print) First Middle Last LILLIAN ORA EDWARDS		4. DATE OF DEATH Month Day Year May 16, 1959	
5. SEX Female	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 27 June 1889
9. AGE (In years last birthday) 69		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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Clarksville, Mo. o
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME James E. Riggins	
13b. MOTHER'S MAIDEN NAME Anna Juett		14. NAME OF HUSBAND OR WIFE Owen S. Edwards	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, not unknown) (If yes, give dates of service) No None		16. SOCIAL SECURITY NO. ----	
17. INFORMANT Owen S. Edwards, Springfield, Missouri		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Probable Coronary Occlusion Interval BETWEEN ONSET AND DEATH Unknown Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) UNATTENDED BY A PHYSICIAN	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201		19. WAS AUTOPSY PERFORMED? 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.)	
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 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 _____ and last saw her alive on _____ Death occurred at Approx. 11:15 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE James R. Cross, M.D. (Degree or title)		22b. ADDRESS Greene County Health Officer, Spfld, Mo	
22c. DATE SIGNED 5-21-59		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 19May1959		23c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery	
23d. LOCATION (City, town, or county) (State) Springfield, Missouri.		24. FUNERAL DIRECTOR Ralph Thieme, Springfield, Mo.	
25. DATE RECD. BY LOCAL REG. 5-21-59		26. REGISTRAR'S SIGNATURE Effie S. Melton	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

MAY 26 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. 4562

P. O. Address Springfield

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.