

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020127

STATE FILE NUMBER

FILED JUN 3 1959 Registration District No. 338 Primary Registration District No. 6148 Registrar's No. 23

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY Stoddard Castor Twp.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dexter Castor Twp.	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Dexter	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rfd. 2		Length of stay in lb 1030	d. STREET ADDRESS (If outside, give location) Rfd. 2
3. NAME OF DECEASED (Type or print) First John Middle Alfred Last Edwards			4. DATE OF DEATH Month May Day 13 , Year 1959
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 1, 1862
9. AGE (In years last birthday) 96		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) Farmer (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Dexter, Mo. R. 2
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John A. Edwards	13b. MOTHER'S MAIDEN NAME Nancy Alexander
14. NAME OF HUSBAND OR WIFE deceased		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. XXXXXX
17. INFORMANT Effie Edwards		Address Dexter, Mo. R. 2	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Meaulla ry Failure DUE TO (b) Cardiac Decompensation. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4344			INTERVAL BETWEEN ONSET AND DEATH
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 _____ 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 May 10, 1959 , to May 10, 1959 and last saw ^{her} _{him} alive on May 10, 1959 Death occurred at May 13, 1959 - 1:55 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (In free or title) Benjamin D. Sewer D.D.		22b. ADDRESS Dexter, Missouri	22c. DATE SIGNED 5-22-59
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 5-14-59	23c. NAME OF CEMETERY OR CREMATORY Sadlers Chapel Cem.	23d. LOCATION (City, town, or county) (State) Dexter, Mo. R. 2
24. FUNERAL DIRECTOR Watkins & Sons		ADDRESS Dexter, Mo.	25. DATE RECD. BY LOCAL REG. 5-28-59
26. REGISTRAR'S SIGNATURE Mrs. George L. Baker			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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.

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 *Mark W. Fathmas*

Licensed Embalmer No. *4717*

P. O. Address *Dexter, 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.