

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024377

FILED VS JUL 27 1959

Registration District No. 30 Primary Registration District No. 5180 Registrar's No. 30

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Camdenton, Warren Jun. 25 yrs.</u>		c. CITY OR TOWN <u>Camdenton</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If outside, give location) <u>Rural Route 1</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Kelly</u> Middle <u>Doyle</u> Last <u>Edwards</u>			4. DATE OF DEATH Month <u>July</u> Day <u>17</u> Year <u>1959</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>April 17, 1882</u>	9. AGE (last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Modena, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Archibald Edwards</u>			

13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Rogers</u>		14. NAME OF HUSBAND OR WIFE <u>Allie Ona Edwards</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>489-26-2082A</u>	
17. INFORMANT <u>Allie O. Edwards, Camdenton, Missouri</u>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Cardio-vascular System Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
DUE TO (b) <u>with intra cranial hemorrhage</u>		
DUE TO (c) <u>arterio-sclerosis - general</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>  </u>
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20c. TIME OF INJURY Hour <u>  </u> a.m. <u>  </u> p.m. <u>  </u>	Month, Day, Year <u>  </u> <u>  </u> <u>  </u>	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.) <u>  </u>	20f. CITY, TOWN, OR LOCATION <u>  </u>	COUNTY <u>  </u>	STATE <u>  </u>
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21. I attended the deceased from May - 1951 and last saw him alive on July - 16 - 59  
Death occurred at 3:10 P on the date stated above, and to the best of my knowledge, from the causes stated.

21a. SIGNATURE <u>Thosa Wayland</u> (Degree or title)	21b. ADDRESS <u>Camdenton, Mo</u>	22c. DATE SIGNED <u>7-18-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>July 19, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>High Point Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Camden County, Missouri</u>
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24. FUNERAL DIRECTOR <u>Walter P. Wedges</u> <u>Hedges Funeral Home</u>	25. DATE RECD. BY LOCAL REG. <u>July 19-1959</u>	26. REGISTRAR'S SIGNATURE <u>Zilpha J. Irwin</u>
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DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

AUG 3 1959

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Walter J. Hedger*

Licensed Embalmer No. 4265

P. O. Address Iberia, Missou

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.