

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028569

FILED VS SEP 14 1959

Registration District No. 098 Primary Registration District No. _____ Registrar's No. 77

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>DAVISS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>DAVISS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WINSTON</u>		c. CITY OR TOWN <u>WINSTON</u>	
Length of stay in lb <u>92 Yrs</u>		Inside Limits Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) RESIDE ON FARM Yes <input type="checkbox"/> No <input type="checkbox"/>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last <u>MELVIN ANDERSON EDWARDS</u>			4. DATE OF DEATH Month Day Year <u>SEPT 6 1959</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>AUG 14 1866</u>	9. AGE (last birthday) <u>93</u>	10. IF UNDER 1 YEAR Months Days Hours Min. <u>0 22</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FEED PRODUCE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FEED</u>		11. BIRTHPLACE (City and state or country) <u>ILL</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>JOHN EDWARDS</u>		13b. MOTHER'S MAIDEN NAME <u>PHOEBE SHAW</u>	
14. NAME OF HUSBAND OR WIFE <u>LORA 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>NONE</u>	
17. INFORMANT <u>Lora Edwards Winston MO</u>		Address			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Cardio vascular renal disease</u>		<u>5 1/2 yrs</u>
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last.	DUE TO (b) <u>Very large prostate gland, retention</u>	<u>3 yrs</u>
	DUE TO (c) <u>Very large heart mitral leak</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 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 a.m. p.m.	Month, Day, Year	
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 <u>aug 1 / 59</u> to <u>Sept 6</u> and last saw her/him alive on <u>Sept 5 - 1959</u> Death occurred at <u>5:30 AM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Ink, free or title) <u>HW Bailey MD - Jaded</u>	22b. ADDRESS <u>Jaded MO</u>
22c. DATE SIGNED <u>9-7-59</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9-9-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Winston</u>	23d. LOCATION (City, town, or county) (State) <u>Winston MO</u>
24. FUNERAL DIRECTOR <u>Virgil V. Stamp</u>	ADDRESS <u>Winston MO</u>	25. DATE RECD. BY LOCAL REG. <u>8th Sept. 1959</u>	26. REGISTRAR'S SIGNATURE <u>Thurston Engelhart</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 *Vergil V. Orbanp*

Licensed Embalmer No. 4074

P. O. Address Winston, N.C.

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