RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS SEP 9 1959

Registration District No. 360 Primary Registration District No. 3076 31266 Registrar's No. 190

59-[illegible]

STATE FILE NUMBER

IDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Nevada — Length of stay in 1b: 5 Months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 629 W. Arch — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Vernon
c. CITY OR TOWN: Nevada — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 629 W. Arch — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Iola Middle: Last: Edwards

4. DATE OF DEATH: Month: August Day: 25 Year: 1959

5. SEX: Female

6. COLOR OR RACE: White

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: 3/27/86

9. AGE (last birthday): 73 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: 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: Homemaking

11. BIRTHPLACE (City and state or country): Canton, Missouri

12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Charles C. Clark

13b. MOTHER'S MAIDEN NAME: Bessie Quear

14. NAME OF HUSBAND OR WIFE: B.S.M. Edwards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): x x x

16. SOCIAL SECURITY NO.: None

17. INFORMANT: B.S.M. Edwards Address: Nevada, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Acute left Ventricular failure — INTERVAL BETWEEN ONSET AND DEATH: 45 minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Hypertension — ?

DUE TO (c):

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. [ ] Yes [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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 [ ] NOT WHILE AT WORK [ ]

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 8/25/59, to ——— and last saw her alive on 8/25/59

Death occurred at 2:25 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Roy W. Pearsey MW

22b. ADDRESS: Moore Bldg Nevada Mo

22c. DATE SIGNED: 8/25/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Remaoval

23b. DATE: Aug 26,59

23c. NAME OF CEMETERY OR CREMATORY: Council Grove

23d. LOCATION (City, town, or county) (State): Canton, Missouri

24. FUNERAL DIRECTOR ADDRESS: Culver Underwood, Butler, Mo.

25. DATE RECD. BY LOCAL REG.: 9-2-1959

26. REGISTRAR'S SIGNATURE: Anna E. Ferry

(Licensed Embalmer's Statement on Reverse Side)

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 Lloyd C McCord

Licensed Embalmer No. 4853

P. O. Address Neosho, Mo

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