MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 5 1959

59–031600
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 441

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff
Length of stay in Ib few hours
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Doctors Hospital
Inside Limits Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Stoddard
c. CITY OR TOWN Bernie, Missouri
Inside Limits Yes ☐ No X
d. STREET ADDRESS (If outside, give location) Rt. 1 Highway 25 south
Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print) First Dollie Middle -------- Last Edwards
4. DATE OF DEATH Month Sept. Day 11, Year 1959
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed X Divorced ☐
8. DATE OF BIRTH 10-13-75
9. AGE (last birthday) 84
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) Housework
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and state or country) Near Dexter, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John Middleton
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Albert Reece Edwards
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Effie Haw Address Rt. 1, Bernie, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Anoxemia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 6 hours
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral Arteriosclerosis
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 9-11-59 4 pm to 9-11-59 4:55 pm and last saw her alive on 9-11-59
Death occurred at 5:00 P.m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Harold V. Miller M.D. (Degree or title)
22b. ADDRESS 621 Pine Blvd., Poplar Bluff, Mo
22c. DATE SIGNED 9-17-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9-13-59
23c. NAME OF CEMETERY OR CREMATORY Bethaney Cemetery
23d. LOCATION (City, town, or county) (State) Rt. 2 Malden, Mo.
24. FUNERAL DIRECTOR Duffie - Rainey Service ADDRESS Bernie, Mo.
25. DATE RECD. BY LOCAL REG. 9/21/59
26. REGISTRAR'S SIGNATURE [illegible]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

OCT 5 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_____ Signed Raymond L. Duffer

Signature of Student Embalmer

Licensed Embalmer No. 4798

P. O. Address Bernie, Mo.

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