

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-034909

FILED VS OCT 13 1959

STATE FILE NUMBER

Registration District No. 338 Primary Registration District No. 6148 Registrar's No. 30

ENDED

1. PLACE OF DEATH a. COUNTY Stoddard			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Stoddard		
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Castor twm.		Length of stay in 1b yrs.	c. CITY OR TOWN Bloomfield		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last William Everett Edwards			4. DATE OF DEATH Month Day Year Sept. 25, 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 1-26-84	9. AGE (last birthday) 75-7-29	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. farmer		10b. KIND OF BUSINESS OR INDUSTRY crop farming	11. BIRTHPLACE (City and state or country) Bloomfield, Mo.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME John Edwards		13b. MOTHER'S MAIDEN NAME Margaret Jane Simpson		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. None		17. INFORMANT Address Edsel Edwards, Bloomfield, Mo. R1.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage					INTERVAL BETWEEN ONSET AND DEATH 2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis, generalized					
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Heart Disease grade III					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 Month, Day, Year 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 Sept 1956 to Sept. 25, 59 and last saw him alive on 9-24-59 Death occurred at 6:10 p. m. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Stephen Paul Und			22b. ADDRESS Bloomfield, Mo		22c. DATE SIGNED 10-1-59
23a. BURIAL, CREATION, REMOVAL (Specify) Burial	23b. DATE Sept. 27-59	23c. NAME OF CEMETERY OR CREMATORY Lick Creek cemetery		23d. LOCATION (City, town, or county) (State) Stoddard co. Missouri	
24. FUNERAL DIRECTOR ADDRESS CHILES UND. CO., BLOOMFIELD, MO.			25. DATE RECD. BY LOCAL REG. 10-5-59		26. REGISTRAR'S SIGNATURE Mrs. George L. Baker

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 me

and by Lulu Cooper # 3499 ~~Student Embalmer~~ Student Embalmer No. _____

working under ~~my personal supervision~~ personal supervision.

Student _____

Signature of Student Embalmer

Signed Juan B. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.