

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037333

FILED VS. NOV 10 1959 316

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 425

UNDECEASED

| | | | | | | | | | | | | | | | | |
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| 1. PLACE OF DEATH a. COUNTY St. Francois | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St. Francois | | | | | | | | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FLAT RIVER, Mo. | | Length of stay in 1b | | c. CITY OR TOWN FLAT RIVER | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 909 TYLER ST. | | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 909 TYLER ST. | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | |
| 3. NAME OF DECEASED (Type or print) First Middle Last GROVER LEWIS EDGAR | | | | 4. DATE OF DEATH Month Day Year NOV 4, 1959 | | | | | | | | | | | | |
| 5. SEX MALE | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH MAR 11, 1812 67 | 9. AGE (last birthday) | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min. | | | | | | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during week of death, even if retired) RETIRED | | | 10b. KIND OF BUSINESS OR INDUSTRY RETIRED | | 11. BIRTHPLACE (City and state or country) CHERRYVILLE, Mo. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | | | | | | | | | |
| 13a. FATHER'S NAME GEORGE B. EDGAR. | | | 13b. MOTHER'S MAIDEN NAME ELIZA FERGUSON | | | 14. NAME OF HUSBAND OR WIFE RUTH EDGAR. | | | | | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | | 16. SOCIAL SECURITY NO. 499-03-5847 | | 17. INFORMANT Address Ruth EDGAR FLAT RIVER, 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) CORONARY Thrombosis | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs. | | | | | | | | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | DUE TO (b) Arterio sclerosis | | 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. <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 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 10-16-59 to 11-4-59 and last saw him alive on NOV. 4th 59 Death occurred at 10:10 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | | | | | | | | |
| 22a. SIGNATURE (Degree or title) W.H. Morris, D.O. | | | | | 22b. ADDRESS Flat River Mo. | | | | 22c. DATE SIGNED 11-5-59 | | | | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 23b. DATE NOV. 7, 1959 | 23c. NAME OF CEMETERY OR CREMATORY FARR CEMETERY | | | 23d. LOCATION (City, town, or county) (State) Stellville, Mo. | | | | | | | | | | |
| 24. FUNERAL DIRECTOR RAYMOND CANNON & SONS 74 EAST M. FLAT RIVER, Mo. | | | | | 25. DATE RECD. BY LOCAL REG. NOV. 7, 1959 | | 26. REGISTRAR'S SIGNATURE Cather Rudloff | | | | | | | | | |

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
or by Donald Dale Caldwell., Student Embalmer No. 587

working under my personal supervision.

Student Donald Dale Caldwell.
Signature of Student Embalmer

Signed R. Caldwell

Licensed Embalmer No. 2531

P. O. Address Flat River,

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.