

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 15 1960

=60-000761  
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 38

DED

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>McDonald</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u>		Length of stay in lb <u>10 days</u>	c. CITY OR TOWN <u>Noel</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>1230 Adams St</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>R.H. 1</u> Residence on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Rollie</u> Middle <u>Joel</u> Last <u>Edwards</u>			4. DATE OF DEATH Month <u>Feb.</u> Day <u>6</u> Year <u>1960</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>Nov. 1, 1894</u>	9. AGE (last birthday) <u>65</u>	IF UNDER 1 YEAR	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm.</u>	11. BIRTHPLACE (City and state or country) <u>Carroll County Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>		

13a. FATHER'S NAME <u>Ephraim J. Edwards</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Hutchinson</u>		14. NAME OF HUSBAND OR WIFE <u>Erna Crockett</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>500-12-5181</u>		17. INFORMANT <u>Henry Edwards</u> Address <u>1230 Adams St. Jefferson City, Mo</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Leukemia</u> DUE TO (b) <u>(Chronic Myelogenous)</u> DUE TO (c) <u>(By Dr. Handler (Pathologist) &amp; Indep. Reg.)</u>		INTERVAL BETWEEN ONSET AND DEATH
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 <u>8:25</u> a.m. p.m. Month, Day, Year <u>Feb 6 1960</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Jefferson City Cole</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Mo</u>
21. I attended the deceased from <u>5 Feb '60</u> to <u>6 Feb '60</u> and last saw him alive on <u>6 Feb '60</u> Death occurred at <u>8:25 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) <u>O.P. Stephan, M.D.</u>		22b. ADDRESS <u>Jefferson City, Mo</u>		22c. DATE SIGNED <u>6 Feb '60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2-6-1960</u>	23c. NAME OF CEMETERY OR CREMATOR <u>Norborne</u>	23d. LOCATION (City, town, or county) (State) <u>Norborne Mo.</u>	

24. FUNERAL DIRECTOR <u>Gibson Funeral Home</u>	ADDRESS <u>Norborne Mo</u>	25. DATE RECD. BY LOCAL REG. <u>6 February 1960</u>	26. REGISTRAR'S SIGNATURE <u>R.P. Norris, M.D. Registrar</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAR 11 1960

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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton

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.