

FRI. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007755

FILED VS FEB 17 1960

Registration District No. 301 Primary Registration District No. _____ Registrar's No. 17

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Ripley.</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Pine Township.</u> Length of stay in lb <u>22 years.</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>20 M.W. of Doniphan, Missouri.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Ripley.</u> c. CITY OR TOWN <u>Pine. (Rural).</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>20 M.W. of Doniphan, Missouri.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Warren</u> Middle <u>Edwards.</u> Last _____			4. DATE OF DEATH Month <u>Feb.</u> Day <u>8.</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>Aug. 2, 1879.</u>	9. AGE (last birthday) <u>80.</u>	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) <u>Farmer.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture.</u>		11. BIRTHPLACE (City and state or country) <u>Tennessee.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA.</u>	
13a. FATHER'S NAME <u>Jesse Edwards.</u>		13b. MOTHER'S MAIDEN NAME <u>Martha (unknown).</u>		14. NAME OF HUSBAND OR WIFE <u>Annie Bell Edwards.</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>None.</u>		17. INFORMANT <u>Annie Bell Edwards, Briar, Missouri.</u> Address _____			
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>Coronary Thrombosis.</u> DUE TO (b) <u>Hypertensive Cardiovascular Disease. ?</u> DUE TO (c) <u>General Arterio Sclerosis.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 Hrs.</u> ?		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Eczema (General) ?</u>					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 <u>Feb. 6-1960</u> to <u>Feb. 8-1960</u> and last saw ^{her} _{him} <u>alive on Feb 8-1960.</u> Death occurred at <u>HIS HOME AT 10⁴⁵ A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>[Signature]</u> (Degree or title)			22b. ADDRESS <u>903 Elm Doniphan, Mo.</u>		22c. DATE SIGNED <u>2-9-60.</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>	23b. DATE <u>Feb. 10, 1960.</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cemetery.</u>		23d. LOCATION (City, town, or county) (State) <u>Ripley County, Missouri.</u>			
24. FUNERAL DIRECTOR <u>Ray Mears, Doniphan, Mo.</u> ADDRESS _____		25. DATE RECD. BY LOCAL REG. <u>2-12-60</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>			

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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ray Mearns

Licensed Embalmer No. 3743

P. O. Address Donipham

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.