URL DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 28 1960

60-010744

STATE FILE NUMBER

Registration District No. 142 Primary Registration District No. 5806 Registrar's No. 20

ENDED

1. PLACE OF DEATH
a. COUNTY Howell
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Goldsberry
Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Francis Hospital
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Texas
c. CITY OR TOWN Mountain View
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Route # 1
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Delila Middle Ann Last Edwards
4. DATE OF DEATH Month March Day 6 Year 1960
5. SEX Female
6. COLOR OR RACE W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 4/11/76
9. AGE (last birthday) 83
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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Ohio County Kent
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Thomas H. Hines
13b. MOTHER'S MAIDEN NAME Sarah J. Moore
14. NAME OF HUSBAND OR WIFE James D. Edwards
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT Myrtle Dunnivin Address Summersville, Mo. Rt 1

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) Cerebral Thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis
DUE TO (c)
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)
Chronic heart failure
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 Feb. 24, to Mar 6, 1960 and last saw her/him alive on Mar 6, 1960
Death occurred at 7:15 PM m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) M.C. Walton M.D.
22b. ADDRESS Mt. View, Mo.
22c. DATE SIGNED 3-23-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3/8/60
23c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery
23d. LOCATION (City, town, or county) (State) Mountain View, Missouri
24. FUNERAL DIRECTOR Duncan Funeral Home ADDRESS Mtn. View, Mo.
25. DATE RECD. BY LOCAL REG. 3-23-60
26. REGISTRAR'S SIGNATURE Laura Mitchell

BY AFFIDAVIT OF DOCUMENT

(Licensed Embalmer's Statement on Reverse Side)

**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 Richard A. Norton

Signature of Student Embalmer

Licensed Embalmer No. 5029

P. O. Address Mtn View

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