

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-020053

ED VS MAY 16 1960

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 86

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Macon				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Macon					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Macon		Length of stay in 1b		c. CITY OR TOWN Macon		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 319 Pearl St.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 319 Pearl St.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First NELLIE Middle PEARLE Last EDWARDS				4. DATE OF DEATH Month April Day 26 Year 1960					
5. SEX Female	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 5/23/1891	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife			10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Lincoln, Nebraska		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Edward Tyson			13b. MOTHER'S MAIDEN NAME Mary Ann Blakeley			14. NAME OF HUSBAND OR WIFE Earl Edwards			
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 Earl Edwards Macon, 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) Suffocation DUE TO (b) mentally depressed DUE TO (c) Distal Esophageal spasm + obstruction. Left Phrenicotomy. Chronic pyogenic chest							INTERVAL BETWEEN ONSET AND DEATH few min 2 years		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Palsy + Weakness - probably cerebral							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Suffocation from plastic bag about head					
20c. TIME OF INJURY Hour 10:00 Month, Day, Year April 26, 1960		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.) Home		20f. CITY, TOWN, OR LOCATION MACON		COUNTY MACON		STATE Missouri			
21. I attended the deceased from 1948 to 26 April 60 and last saw ^{her} _{him} alive on 21 April 60 Death occurred at 10:00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Donald E Eggleston M.D.				22b. ADDRESS Macon, Missouri			22c. DATE SIGNED 28 April 60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/28/1960	23c. NAME OF CEMETERY OR CREMATORY Oakwood		23d. LOCATION (City, town, or county) Macon Missouri		(State)		
24. FUNERAL DIRECTOR R. Lester Brun				ADDRESS Macon, Mo.		25. DATE RECD. BY LOCAL REG. 5/9/60		26. REGISTRAR'S SIGNATURE Cuth Weeely	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 7 1963

JUN 28 1960

JUN 27 1960

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 R. Lester Brown

Licensed Embalmer No. 4472

P. O. Address Masson, W

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.