

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-020503

FILED VS MAY 19 1960 301

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 35

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Ripley				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis					
b. CITY (If outside corporate limits, give TOWNSHIP only) Doniphan		Length of stay in 1b 6 days		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R#6			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3335 B. Blair Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First MARY Middle ANN Last Edwards				4. DATE OF DEATH Month April Day 20 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 Mar 25 1897		9. AGE (last birthday) 63	
IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				11. BIRTHPLACE (City and state or country) Unknown, Missouri	
10a. USUAL OCCUPATION				10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE CLARENCE 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. -		17. INFORMANT CLARENCE EDWARDS Address St. Louis, 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 occlusion DUE TO (b) Arteriosclerotic heart disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH 1 hour 2 years	
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 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 April 20, 1960 to April 29, 1960 and last saw her ^{her} alive on April 20, 1960 Death occurred at: 10:00 p m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (D, free or title) Frank C Johnson M.D.				22b. ADDRESS Doniphan Mo		22c. DATE SIGNED 4/23/60			
23a. BURIAL (CREMATION, REMOVAL) (Specify) Burial		23b. DATE April 22, 1960		23c. NAME OF CEMETERY OR CREMATORY Ponder Cemetery		23d. LOCATION (City, town, or county) (State) Ripley County, Mo.			
24. FUNERAL DIRECTOR Edwards Funeral Home Doniphan, Mo.				25. DATE RECD. BY LOCAL REG. 5-2-60		26. REGISTRAR'S SIGNATURE Flava Broz			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 12 1962

APR 1 0 1962

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 Gene H. Parren

Licensed Embalmer No. 4809
P. O. Address Naylor,

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.