

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-034401

LED VS OCT 1 0 1960

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 994

STATE FILE NUMBER

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Greene</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Springfield,</u>                |  | Length of stay in 1b<br><u>2 days</u>   | c. CITY OR TOWN<br><u>Bolivar,</u>  |
| c. FULL NAME OF (If not in hospital, give location) HOSPITAL<br><u>DOCTORS' MEMORIAL OSTEO.</u> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>214 Austin Street</u>             |
|   |  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|   |                                  |   |  |  |   |
|---|----------------------------------|---|--|--|---|
| 3. NAME OF DECEASED (Type or print)<br>First <u>DEBBIE</u> Middle <u>YVONNE</u> Last <u>EDWARDS</u>                   |                                  |   | 4. DATE OF DEATH<br>Month <u>September</u> Day <u>28,</u> Year <u>1960</u> |  |   |
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>9-10-1951</u>                                       | 9. AGE (last birthday)<br><u>6</u>                             | IF UNDER 1 YEAR<br>Months <u>6</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Child</u>           |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>-----</u>   | 11. BIRTHPLACE (City and state or country)<br><u>San Diego, California</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>                   |   |
| 13a. FATHER'S NAME<br><u>Morris Edwards</u>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Betty Lous Jenkins</u>  |  | 14. NAME OF HUSBAND OR WIFE<br><u>-----</u>                    |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> |                                  | 16. SOCIAL SECURITY NO.<br><u>None</u>  |  | 17. INFORMANT<br><u>Worthy Jenkins - Springfield, Missouri</u> |   |
|   |                                  |   |  | Address <u>214 Austin Street</u>                               |   |

|  |                           |  |
|--|---------------------------|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY: |                           | INTERVAL BETWEEN ONSET AND DEATH<br><u>(immediate)</u> |
| IMMEDIATE CAUSE (a) <u>cardiac arrest</u>  |                           |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.               | DUE TO (b) <u>unknown</u> |  |
| DUE TO (c) _____   |                           |  |

|   |  |  |  |
|---|--|--|--|
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Previous cardiac arrest - 48 hours previously</u> |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown |  |
|---|--|--|--|

|  |   |  |  |
|--|---|--|--|
| 19. WAS AUTOPSY PERFORMED?<br>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.)<br><u>-----</u> |  |
| 20c. TIME OF INJURY<br>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.)<br><u>-----</u>  | 20f. CITY, TOWN, OR LOCATION<br><u>-----</u>   | COUNTY <u>-----</u> STATE <u>-----</u> |

21. I attended the deceased from 9-26-60 to 9-28-60 and last saw her her alive on 9-28-60  
Death occurred at 11:25 A. on the date stated above, and to the best of my knowledge, from the causes stated.

|  |  |                                    |
|--|--|------------------------------------|
| 22a. SIGNATURE (Degree or title)<br><u>Dr. Andrew Martiniello D.O.</u> | 22b. ADDRESS<br><u>700 East Sunshine Springfield, Missouri</u> | 22c. DATE SIGNED<br><u>9-28-60</u> |
|--|--|------------------------------------|

|  |                               |  |  |
|--|-------------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Buried</u> | 23b. DATE<br><u>Oct. 2-60</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Greenwood</u> | 23d. LOCATION (City, town, or county) (State)<br><u>Bolivar Mo</u> |
|--|-------------------------------|--|--|

|  |                         |  |   |
|--|-------------------------|--|---|
| 24. FUNERAL DIRECTOR<br><u>Sidney J. Pitts - Bol. Mo</u> | ADDRESS<br><u>-----</u> | 25. DATE RECD. BY LOCAL REG.<br><u>10-3-60</u> | 26. REGISTRAR'S SIGNATURE<br><u>Effie B. Melton</u> |
|--|-------------------------|--|---|

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 24 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 Edw. J. Fitts

Licensed Embalmer No. 4939

P. O. Address Bol. Mo

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.