

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041404

FILED VS DEC 13 1960 77

Registration District No. _____ Primary Registration District No. 3016 Registrar's No. 406

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY COLE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY COLE					
b. CITY (If outside corporate limits, give TOWNSHIP only) JEFFERSON CITY D.O.A.		Length of stay in 1b		c. CITY OR TOWN RUSSELLVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF HOSPITAL OR INSTITUTION HAS. F. STILL Hosp			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 219 SMITH ST		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First MINA Middle BLANCHE Last EDWARDS				4. DATE OF DEATH Month DEC. Day 3 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 FEB. 14 1897			
9. AGE (last birthday) 63		IF UNDER 1 YEAR Months 7 Days 19		IF UNDER 24 HR Hours 19 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) GREENVILLE ILL.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME EDWARD ARMSTRONG			13b. MOTHER'S MAIDEN NAME CHRISTINE BELL			14. NAME OF HUSBAND OR WIFE ALBERT M. 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. 493-10-6552		17. INFORMANT ALBERT M EDWARDS			Address RUSSELLVILLE 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							INTERVAL BETWEEN ONSET AND DEATH 25 min		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Arteriosclerosis							10 years		
DUE TO (c) Myocardial Infarction							10 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 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 _____ Month, Day, Year _____ s.m. _____ p.m. _____									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 _____ to 12-3-60 and last saw her ^{survive} on 12-3-60 Death occurred at 4:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Em Embler D.O.				22b. ADDRESS Russellville, Mo				22c. DATE SIGNED 12-8-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE DEC. 7 1960		23c. NAME OF CEMETERY OR CREMATORIUM PARK LAWN CEMETERY		23d. LOCATION (City, town, or county) (State) ST. LOUIS MO			
24. FUNERAL DIRECTOR Anna Swinner Russellville Mo				25. DATE RECD. BY LOCAL REG. 5 Dec 1960		26. REGISTRAR'S SIGNATURE R.P. Davis, Mo			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 13 1960

JUN 17 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. L. Stevenson

Licensed Embalmer No. 4073

P. O. Address Coaltown

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.