DURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

NT OF PUBLIC HEALTH AND WELFARE

-61-042024
STATE FILE NUMBER

AMENDED

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 241

FILED NOV 27 1961

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Moberly
Length of stay in 1b: 2 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Community Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Randolph
c. CITY OR TOWN: Rural-- Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Hwy. 24 East of Huntsville Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Susie Middle: Last: Edwards

4. DATE OF DEATH: Month: November Day: 9 Year: 1961

5. SEX: female
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11-11-1886
9. AGE (last birthday): 74
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: home
11. BIRTHPLACE (City and state or country): Macon County, Missouri
12. CITIZEN OF WHAT COUNTRY: United States

13a. FATHER'S NAME: William Richard Wallace
13b. MOTHER'S MAIDEN NAME: Margaret Broddie
14. NAME OF HUSBAND OR WIFE: William D. Edwards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT: W.D. Edwards: R.R.#2: Moberly, Missouri Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute Congestive Heart Failure	2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Chronic Myocarditis	3 months
DUE TO (c)	Pernicious Anemia	not known

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Severe Osteoarthritis of Spine

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 June 195 to Nov. 9, 1961 and last saw her/him alive on Nov. 9, 1961
Death occurred at 7:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W. C. Epley D.O.
22b. ADDRESS: Huntsville, Mo
22c. DATE SIGNED: 11-10-61

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 11-11-1961
23c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Gardens
23d. LOCATION (City, town, or county) (State): Moberly, Missouri

24. FUNERAL DIRECTOR: Tom B Patton ADDRESS: Huntsville Mo
25. DATE RECD. BY LOCAL REG.: 11-11-61
26. REGISTRAR'S SIGNATURE: Leander Lowe

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Tom B Patton

Signature of Student Embalmer

Licensed Embalmer No. 3914

P. O. Address Huntsvill

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