

**MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-045827**

STATE FILE NUMBER

Registration District No. 228 Primary Registration District No. 3054 Registrar's No. 3

AMENDED

**FILED JAN 10 1962**

1. PLACE OF DEATH a. COUNTY <u>Pike</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY						
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Louisiana</u>		Length of stay in 1b <u>1 Hr</u>		c. CITY OR TOWN <u>Louisiana</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pike County Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) <u>117 1/2 So Third St</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Nary</u> Last <u>Edwards</u>				4. DATE OF DEATH Month <u>Dec.</u> Day <u>30</u> Year <u>1961</u>						
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>9/24/1899</u>	9. AGE (last birthday) <u>62</u>	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) <u>Salesman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber Company.</u>		11. BIRTHPLACE (City and state or country) <u>Louisiana, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Mc Que Edwards</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Nary</u>			14. NAME OF HUSBAND OR WIFE <u>Ruth D Edwards</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>					17. INFORMANT Address <u>Mrs. Ruth D Edwards, Louisiana, Mo.</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Embolism</u>								INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Chronic emphysema with pneumonia entire lower left lung</u>		DUE TO (c)		<u>5 yrs</u>		<u>12 wks</u>		
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 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 <u>11/30/61</u> to <u>12/30/61</u> and last saw <u>him</u> alive on <u>12/30/61</u> . Death occurred at <u>9:50</u> A m on the date stated above, and to the best of my knowledge, from the causes stated.										
22. SIGNATURE (Degree or title) <u>Chas H Luweller</u>				22b. ADDRESS <u>M.D. Louisiana, Missouri</u>		22c. DATE SIGNED <u>1/2/62</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1/2/1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>RiverView Cemetery</u>			23d. LOCATION (City, town, or county) (State) <u>Louisiana Missouri</u>				
24. FUNERAL DIRECTOR <u>Sterne Funeral Home, Louisiana, MO.</u>			ADDRESS		25. DATE RECD. BY LOCAL REG. <u>Jan 8 - 62</u>		26. REGISTRAR'S SIGNATURE <u>Bernice Collier</u>			

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

JAN 19 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 me

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*J. B. Sterne*

Licensed Embalmer No. 4039

P. O. Address Louisiana

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.