

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003341

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 10

STATE FILE NUMBER

AMENDED

FILED JAN 15 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY ST FRANCOIS	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FARMINGTON MO.	a. STATE MISSOURI	b. COUNTY ST FRANCOIS
Length of stay in lb		c. CITY OR TOWN FARMINGTON	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 206 W. HARRISON		d. STREET ADDRESS (If outside, give location) 206 W HARRISON	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First LOUISE	Middle EDWARDS	Last	Month JAN.	Day 6	Year 1962
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/7/68	9. AGE (last birthday) 93	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) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and state or country) STE GENEVIEVE CO MO	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME HENRY MEYER		13b. MOTHER'S MAIDEN NAME JOSEPHINE PFISTER		14. NAME OF HUSBAND OR WIFE A.B. 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 Address NAN YEATES FARMINGTON MO.	

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 RATH
IMMEDIATE CAUSE (a) Hypostatic Pneumonia			24 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Complete Heart Block		5 years
	DUE TO (c) Coronary & Hypertension		unknown
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 checked="" 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.		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 May 1961 to June 6, 1962 and last saw him alive on June 6, 1962 Death occurred at 8:50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Earl Starfield D.D.		22b. ADDRESS Farmington Mo	22c. DATE SIGNED 1/6/62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 1/9/62	23c. NAME OF CEMETERY OR CREMATORY PARKVIEW	23d. LOCATION (City, town, or county) (State) FARMINGTON MO.
24. FUNERAL DIRECTOR ADDRESS C.H.COZEAN FARMINGTON MO.		25. DATE RECD. BY LOCAL REG. Jan 6, 1962	26. REGISTRAR'S SIGNATURE Ethel Rudloff

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DATE AMENDED
 DOCUMENT
 MEDICAL CERTIFICATION
 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 me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Donald Dale Caldwell

Licensed Embalmer No. 5095

P. O. Address Flat River, m

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.