

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-014526  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 65 Primary Registration District No. \_\_\_\_\_ Registrar's No. 12

FILED APR 23 1962

1. PLACE OF DEATH a. COUNTY <b>Chariton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Chariton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Tripplett</b>		c. CITY OR TOWN <b>Tripplett</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>at home</b>		d. STREET ADDRESS (If outside, give location) <b>Tripplett Missouri</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Gertrude Young Edwards</b>		4. DATE OF DEATH Month Day Year <b>April 15 1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>April 19/92/70</b>
9. AGE (last birthday) <b>92</b>		10. IF UNDER 1 YEAR IF UNDER 24 HR Months <b>11</b> Days <b>26</b> Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	
11. BIRTHPLACE (City and state or country) <b>Brookfield Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Finnis Young</b>		13b. MOTHER'S MAIDEN NAME <b>Sally Ann Holiday</b>	
14. NAME OF HUSBAND OR WIFE <b>John Edwards</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no.</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>Leon Edwards, Tripplett, Missouri</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Thromboses</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>			<b>10 yrs</b>
DUE TO (c) <b>Atherosclerosis</b>			<b>10 yrs -</b>
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. 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 <b>March 20-62 to April 15-1962</b> last saw her <b>alive on April 15-1962</b> Death occurred at <b>6:30 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (degree or title) <b>Drower C. Pyle, M.D.</b>		22b. ADDRESS <b>Brunswick Missouri</b>	
22c. DATE SIGNED <b>1962</b>		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5/20/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Linnicus, Missouri</b>	
23d. LOCATION (City, town, or county) (State) <b>Linn County, Missouri</b>		23e. DATE RECD. BY LOCAL REG. <b>Apr 19-1962</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Sengett, Green Fulton Mo.</b>		26. REGISTRAR'S SIGNATURE <b>Howie Smith</b>	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300 Rev. 4/59
1 <b>0810</b>
2 <b>0910</b>
3
4 <b>9</b>
5 <b>2</b>
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7 <b>0</b>
8 <b>2</b>
<b>9332X</b>
10
11
<b>1290-0</b>
<b>13 2-0</b>

**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 *Raymond H. Green*

Licensed Embalmer No. 4220

P. O. Address *Fulton, 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.