

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-035795

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 301 Primary Registration District No. _____ Registrar's No. 66

FILED SEP 24 1962

VS 300 Rev. 4/59

1. 0910

2. 2030

3. 2

4. 1

5. 0

6.

7. 0

8. 2

9. 527.1

10.

11.

12. 90-0

13. 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Ripley</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Arkansas</u> COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fairdealing</u>		Length of stay in 1b <u>1 week</u>	c. CITY OR TOWN <u>Datto</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rt. 2</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u></u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>MAUDIE ALBERTA EDWARDS</u>			4. DATE OF DEATH Month Day Year <u>September 11, 1962</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-14-1888</u>	9. AGE (last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Texas County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Charles A. Edwards</u>		13b. MOTHER'S MAIDEN NAME <u>Rosie B. Primm</u>		14. NAME OF HUSBAND OR WIFE <u>Never Married</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>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>Mrs. H. W. Johnston Paragould, Ark.</u>		

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) <u>Acute pulmonary edema</u>		<u>1 hr.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Cor pulmonale</u>	<u>1 yr.</u>
	DUE TO (c) <u>Pulmonary emphysema</u>	<u>10 yrs +</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Senility</u>	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
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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 July 1960 to 9-11-62 and last saw her alive on 9-2-62
Death occurred at 2:00 P M on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>B. C. Page, M.D.</u>	(Degree or title)	22b. ADDRESS <u>Corning, Ark.</u>	22c. DATE SIGNED <u>9-14-62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9-13-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Richwood Cemetery</u>	23d. LOCATION (City, town, or county) <u>Rt. 1 - Corning, Ark.</u>
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24. FUNERAL DIRECTOR <u>Russell-Ermert</u>	ADDRESS <u>Box 65</u>	25. DATE RECD. BY LOCAL REG. <u>9-15-62</u>	26. REGISTRAR'S SIGNATURE <u>Flava Brog</u>
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USE BLACK INK OR TYPEWRITER RIBBON

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 Richard O. Ement

Licensed Embalmer No. 1782

P. O. Address Corning, Ark.

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.