

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010259

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 84

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 0047

2 20700

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4 0

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9 420.1

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12 86-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

FILED MAR 18 1963		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Audrain</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mexico</b>		a. STATE <b>Missouri</b> b. COUNTY <b>Montgomery</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Allen Nursing Home</b>		Length of stay in 1b		c. CITY OR TOWN <b>Bellflower</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Thomas Allen Edwards</b>			4. DATE OF DEATH Month Day Year <b>March 9, 1963</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-25-1876</b>	9. AGE (last birthday) <b>87</b>	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer (Retired)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and state or country) <b>Illinois</b>	
13a. FATHER'S NAME <b>Henry Edwards</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Wood</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <b>No</b>		16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address <b>Mrs. Orval Ruhn Montgomery City, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>coronary occlusion</b>					<b>Hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b)					
DUE TO (c)					
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>home</u> to _____ and last saw her/him alive on _____ Death occurred at <u>7:30pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>William W. Bradley MD</b>			22b. ADDRESS <b>Box 178, Farley, Mo</b>		22c. DATE SIGNED <b>3-11-63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3-10-1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Middletown Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Middletown, Missouri</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Schlanker Funeral Home Montgomery City Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>Mar 13-1963</b>	26. REGISTRAR'S SIGNATURE <b>Blanche Neely</b>		

USE BLACK INK OR

TYPEWRITER RIBBON  
**WILLIAM W. Bradley MD**

Permit obtained  
3-9-63

**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

*Ed Boone*

Licensed Embalmer No. 4136

P. O. Address Montgomery City, Missouri

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.