

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

137

Primary Registration District No.

3023

Registrar's No.

0034925

STATE FILE NUMBER

FILED 28 64

1. PLACE OF DEATH

a. COUNTY Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Clinton, Mo

Length of stay in 1b
3 months

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Town & Country Nursing Home

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo

b. COUNTY Chariton

c. CITY OR TOWN Salisbury, Missouri

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
Salisbury, Missouri

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

LONNIE

WINN

EDWARDS

4. DATE OF DEATH

Month Day Year
Sept. 21, 1964

5. SEX

Female

6. COLOR OR RACE

White

7. Married

Never Married ☐

Widowed ☒

Divorced ☐

8. DATE OF BIRTH

12/10/1884 79

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Salisbury, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Oscar Winn

13b. MOTHER'S MAIDEN NAME

Mary Brown

14. NAME OF HUSBAND OR WIFE

Thomas H. Edwards

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

492-28-5645

17. INFORMANT

Eldred Godfrey, Buffalo, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I: DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

cerebral hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

1 wk.

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.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

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 ☐ NOT WHILE AT WORK ☐

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 1, 1964 to 9-21-64 and last saw her alive on 9-21-64
Death occurred at 2:35 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Hugh B. Walker, MD

22b. ADDRESS

Clinton, Mo

22c. DATE SIGNED

9-21-64

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

9/23/1964

23c. NAME OF CEMETERY OR CREMATORY

Salisbury cemetery

23d. LOCATION (City, town, or county)

Salisbury, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Jones-Cantlon Buffalo, Missouri

25. DATE RECD. BY LOCAL REG.

9-24-64

26. REGISTRAR'S SIGNATURE

Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

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
0425
2 0210
3
4 1
5 2
6
7 0
8 2
331x
10
11
12 86-0
13 1-0

2221500

AR 321511323

OCT 28 1964

Permit Obtained 9-24-64 (M.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 Jerry J. Cantla
Licensed Embalmer No. 5153

P. O. Address Buffalo, MD

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.