

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0010543

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 8533

Primary Registration District No. 3022

Registrar's No. 30

STATE FILE NUMBER

VS 300
Rev. 4/59

1 0411

2 0410

3

4 0

5 1

6

7 0

8 2

9 2042

10

11

12 1-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

HARRISON

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

BETHANY

Length of stay in lb

6 Days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Noll Memorial Hosp

Inside Limits

Yes ☒ No ☐

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

a. STATE

MO

b. COUNTY

HARRISON

c. CITY

OR TOWN

Ridgeway

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

7 mile West Ridgeway

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

DAVID Hobbs Edwards

4. DATE OF DEATH

Month

Day

Year

MARCH 21, 1965

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1-18-1891

9. AGE (last birthday)

74

IF UNDER YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

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

Farming

10b. KIND OF BUSINESS OR INDUSTRY

Farmer

11. BIRTHPLACE (City and state or country)

Harrison Co, MO

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

Lemuel Edwards

13b. MOTHER'S MAIDEN NAME

Katie Macallen

14. NAME OF HUSBAND OR WIFE

Viva 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.

487-42-5615

17. INFORMANT

VIVA EDWARDS, Ridgeway, MO

Address

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Unobstructed Leukemia

INTERVAL BETWEEN ONSET AND DEATH

45 days

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 ☐ Unknown19. 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

s.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 2-25-65 to 3-21-65 and last saw him alive on 3-21-65

Death occurred at 9:40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

N. F. Wreny M.D.

22b. ADDRESS

Bethany, Missouri

22c. DATE SIGNED

3-23-65

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

3-24-1965

23c. NAME OF CEMETERY OR CREMATORY

Allen Cemetery

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

N. Harrison Co. MO

(State)

24. FUNERAL DIRECTOR

ADDRESS

Gerald W. Boghess, Eagleville, MO

25. DATE RECD. BY LOCAL REG.

3-24-1965

26. REGISTRAR'S SIGNATURE

Gella Mayey

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

001000

001000

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 Ronald W. Burgess

Licensed Embalmer No. 4762

P. O. Address Eagleville, 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.