

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 137 Primary Registration District No. 3093 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		c. CITY OR TOWN Leesville Twsp	
Length of stay in lb		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clinton Nursing Home		d. STREET ADDRESS (If outside, give location) 15 Mi. East of Clinton	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)	First EDNA	Middle C.	Last EDWARDS	4. DATE OF DEATH Month Day Year February 4, 1968
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5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/5/96	9. AGE (last birthday) 71	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)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY
At home	none	Benton Co. Mo.	USA

13a. FATHER'S NAME George Wilson	13b. MOTHER'S MAIDEN NAME Mary Elizabeth Ritchie	14. NAME OF HUSBAND OR WIFE William Edwards
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 495 38 8737	17. INFORMANT Mrs Bill Hayes Tightwad, Mo.
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13. 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)	<i>Arteriosclerotic Heart Disease</i>	
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last.	DUE TO (b)	<i>with Congestive Failure</i>
	DUE TO (c)	

<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>	<p>PART III. If deceased was female was there a pregnancy in last 90 days</p>
	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)
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23c. TIME OF INJURY	Hour a.m. p.m.	Month, Day, Year	
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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
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21. I attended the deceased from 6-25-66 to 2-4-68 and last saw her alive on 12-20-67.
Death occurred at _____ p. m. on the date stated above, and to the best of my knowledge, from the causes stated.

2a. SIGNATURE <i>James H. Vance M.D.</i>	(Degree or title)	22b. ADDRESS <i>1065 3rd Clinton Mo</i>	22c. DATE SIGNED <i>2-6-68</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/7/68	23c. NAME OF CEMETERY OR CREMATORY Shady Grove	23d. LOCATION (City, town, or county) (State) Benton Co. Missouri
24. FUNERAL DIRECTOR Consalus	ADDRESS Clinton. Mo.	25. DATE RECD. BY LOCAL REG. Feb. 6, 1968	26. REGISTRAR'S SIGNATURE Mildred Bequem

(Licensed Embalmer's Statement on Reverse Side)

**USE BLACK INK
OR
TYPEWRITER RIBBON**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ
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DOCUMENT

BY AFFIDAVIT OF

RECEIVED FEB 2 1968

FEB 20 1968

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 Eugene R. Connelley

Licensed Embalmer No. 4680

P. O. Address Clinton, 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.

Permit obtained 2-6-68 (MB)