

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1117**

FILED JAN 14 1957

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **5517** Registrar's No. **353**

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY HENRY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CALHOUN		c. CITY OR TOWN CALHOUN	
c. LENGTH OF STAY (in this place) LIFE		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION CALHOUN			
e. STREET ADDRESS (If rural, give location) CALHOUN 0 4200			

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) William	c. (Last) Edwards	4. DATE OF DEATH (Month) (Day) (Year) JAN - 10 - 1957
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH May 18, 1885	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 7 Days 23	IF UNDER 24 HRS. Hours 1 Min.
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10a. USUAL OCCUPATION (Give kind of work and during how long of working life, if retired) Sheet Metal Shop.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Calhoun Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Michael Edwards	13b. MOTHER'S MAIDEN NAME Ellen Minish	14. NAME OF HUSBAND OR WIFE Bessie 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) No	16. SOCIAL SECURITY NO. 495-10-8752A	17. INFORMANT'S SIGNATURE OR NAME Thelma Prater Calhoun, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH immediate
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Source Unknown		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus Paralysis Agatins			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **July**, 19**56**, to **Jan 10 1957**, that I last saw the deceased alive on **Jan. 10**, 1957, and that death occurred at **10:30 am.**, from the causes and on the date stated above.

23a. SIGNATURE Mc Lenderenti JD (Degree or title) 2	23b. ADDRESS 105 E. Ohio Clinton, Mo.	23c. DATE SIGNED 1-11-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-13-1957	24c. NAME OF CEMETERY OR CREMATORY Calhoun cemetery Calhoun	24d. LOCATION (City, town, or county) (State) Mo
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DATE REC'D BY LOCAL REG. 1-11-57	REGISTRAR'S SIGNATURE Mildred Bigano	25. FUNERAL DIRECTOR'S SIGNATURE Housey Funeral Home	ADDRESS Calhoun Mo
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

521.0

JAN 29 1951

VS JUL 11 1960

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..... *Robert L. Dunning*

Licensed Embalmer No. *4210*

P. O. Address *Clinton*

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.