

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

67 0021933

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 336 Primary Registration District No. 6126 Registrar's No. 1

FILED JUN 1 1967

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>SHANNON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>SHANNON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HARTSHORN CURRENT</u>		Length of stay in 1b <u>65 YEARS</u>	c. CITY OR TOWN <u>HARTSHORN</u>
c. FULL NAME OF (If NOT in hospital, give location) TWP HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>NANCY ELIZABETH EDWARDS</u>			4. DATE OF DEATH Month Day Year <u>MAY 27 1967</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-10-1902</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>65</u>
11. BIRTHPLACE (City and state or country) <u>HARTSHORN, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JEFF SULLIVAN</u>		13b. MOTHER'S MAIDEN NAME <u>MARY CRABTREE</u>	14. NAME OF HUSBAND OR WIFE <u>IRA EDWARDS</u>
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. <u>486-34-3739</u>	17. INFORMANT Address <u>IRA EDWARDS - HARTSHORN, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Quantum & Debilitation</u> DUE TO (b) <u>Carcinomatosis</u> DUE TO (c) <u>Primary adenocarcinoma</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1963</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Stomach c Wide Spread Metastases</u>			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"/>	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>1959</u> to <u>1967</u> and last saw her alive on <u>May 26</u> Death occurred at <u>2 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Decease or title) <u>Dr. Lawrence Hampton</u>		22b. ADDRESS <u>Summersville Mo</u>	22c. DATE SIGNED <u>5/29/67</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>5-30-1967</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ANTIOCH CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>HARTSHORN, MISSOURI</u>
24. FUNERAL DIRECTOR ADDRESS <u>G. W. Duncan Summersville, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>May 29 1967</u>	26. REGISTRAR'S SIGNATURE <u>Moore Green</u>

JUN 7 1967

Burial Permit Grant Form to this of Burial

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 Fred W. Barnes

Licensed Embalmer No. 4614

P. O. Address Houston, 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.