

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019648

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 224Primary Registration District No. 5793Registrar's No. 39

STATE FILE NUMBER

FILED MAY 21 1962

1. PLACE OF DEATH

a. COUNTY Moniteaub. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Jamestown, Linn TownshipLength of stay in lb
Lifec. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Linn Township 1 1/2 Mi. N.
Jamestown on State R #11Inside Limits
Yes ☐ No ☒

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

a. STATE Missourib. COUNTY Moniteauc. CITY
OR
TOWN Jamestown, Linn TownshipInside Limits
Yes ☐ No ☒d. STREET
ADDRESS 1 1/2 Miles N. Jamestown on
State Route #11Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)First Middle Last
GLENN DORSEY EDWARDS4. DATE
OF
DEATH May 11, 1962

5. SEX

Male

6. COLOR OR RACE

White7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4/21/1913

9. AGE (last birthday)

49

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

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

Highway Maintenance

10b. KIND OF BUSINESS OR INDUSTRY

Missouri State

11. BIRTHPLACE (City and state or country)

Prairie Home, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Hugh Edwards

13b. MOTHER'S MAIDEN NAME

Maud Monroe

14. NAME OF HUSBAND OR WIFE

Dorothy Daltovich

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.

306-01-7886

17. INFORMANT

Mrs. Dorothy Edwards, R#2, Jamestown, 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)

Crushing injury to head
chestINTERVAL BETWEEN
ONSET AND DEATHInstantConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying 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.)

Tractor turned over on him.20c. TIME OF
INJURY 11:40 a.m. 5-11-6220d. 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.)at farm

20f. CITY, TOWN, OR LOCATION

Jamestown 2 mi north Moniteau Mo

COUNTY

STATE

21. I attended the deceased from

11:45 on the date stated above, and to the best of my knowledge, from the causes stated.at and last saw her alive on

22a. SIGNATURE

Kenyon Latham M.D. Coroner

(Degree or title)

22b. ADDRESS

California, Mo

22c. DATE SIGNED

5-14-6223a. BURIAL, CREMATION,
REMOVAL (Specify)Burial

23b. DATE

5/14/1962

23c. NAME OF CEMETERY OR CREMATORY

Masonia Cemetery

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

California, Missouri

(State)

24. FUNERAL DIRECTOR

Hugh E. Williams, California, Missouri

ADDRESS

25. DATE RECD. BY LOCAL REG.

5/14/62

26. REGISTRAR'S SIGNATURE

Nelanda J. Joppy

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

MAY 22 1962

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 Russell C. Maag

Licensed Embalmer No. 4804

P. O. Address California, Missouri

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.