

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30227

State File No. _____

FILED SEP 19 1949

Registrar's No. 3606

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3606</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>18 hrs 7 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>1821 Spruce</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>August 21 1949</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROGER</u>		b. (Middle) <u>L.</u>		c. (Last) <u>EDWARDS</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>October 8, 1889</u>	
9. AGE (In years last birthday) <u>59</u>		IF UNDER 1 YEAR Months _____		IF UNDER 1 HR. Days _____		Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Election Commissioner</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Louis S. Edwards</u>		13b. MOTHER'S MAIDEN NAME <u>Belle Lucas</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Walter A. Grasscock</u>			
(If yes, give war or dates of service) <u>1st. World War</u>		ADDRESS <u>K.C. Mo.</u>					
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio-sclerotic Heart Disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs 6</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Infarction sometime in past.</u>		DUE TO (c) <u>Gastric Ulcer</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gastric Ulcer</u>							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) _____			
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? _____			
22. I hereby certify that I attended the deceased from <u>Aug 5</u> , 19 <u>49</u> , to <u>Aug 21</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Aug 20</u> , 19 <u>49</u> , and the death occurred at <u>4:45</u> P. M., from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____				23b. ADDRESS <u>834 A - 10 Bldg</u>		23c. DATE SIGNED <u>8-22-49</u>	
24a. BURIAL, CREMATION (REMOVAL) (Specify) <u>BURIAL</u>		24b. DATE <u>8-24-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Booneville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-22-49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. C. L. Foster</u>		ADDRESS <u>K.C. Mo.</u>	

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

SEP 19 1949



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.

Signed _____

Joe B. Yoder

Signed _____

Student Embalmer

Licensed Embalmer No. 4173

P. O. Address K.C. 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 this body is not embalmed, fact should be so stated above.