

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23010**
3021

FILED AUG 4 1951

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 20 yrs.		d. STREET ADDRESS (If rural, give location) 1624 Harrison	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1624 Harrison			

3. NAME OF DECEASED (Type or Print) Allean Edgely			4. DATE OF DEATH (Month) (Day) (Year) July 11, 1951		
a. (First)		b. (Middle)		c. (Last)	

5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 24, 1908		9. AGE (In years last birthday) 43		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 4 HRS. Hours		IF UNDER 15 MIN. Mins.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundress			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Camdon, Missouri			12. CITIZEN OF WHAT COUNTRY? USA		
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13a. FATHER'S NAME George McGill			13b. MOTHER'S MAIDEN NAME Emma Davis			14. NAME OF HUSBAND OR WIFE Mark Edgely		
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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. 490-1625459		17. INFORMANT'S SIGNATURE OR NAME Levetia Walton				ADDRESS 1318 E. 16th St.	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Insufficiency ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. fibrosity DUE TO (c) Coronary Arteriosclerosis						INTERVAL BETWEEN ONSET AND DEATH 4201	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition giving rise to the death. Coronary Arteriosclerosis							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Normal						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Thos. A. Jones M.D.		23b. ADDRESS 1612 E 12th		23c. DATE SIGNED 7/14/51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/17/51		24c. NAME OF CEMETERY OR CREMATORY Wentworth Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Kansas	
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DATE REC'D BY LOCAL REG. 7-17-51		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Walter H. Benton		ADDRESS 18th & Benton	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed Bruce R. Watkins.....

Licensed Embalmer No. 4500.....

P. O. Address 1846 S. Benton.....

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.