

FILED FEB 14 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1400  
398

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No. 398
1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY JACKSON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 40 days		
d. FULL NAME OF HOSPITAL OR INSTITUTION 364 Broadway		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		
		d. STREET ADDRESS (If rural, give location) 304 Broadway 302%		
3. NAME OF DECEASED (Type or Print) LIZZIE		a. (First)	b. (Middle)	c. (Last) EDWARDS
4. DATE OF DEATH 1 20 53		5. SEX FE 3		6. COLOR OR RACE NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH JUNE-9-1885		9. AGE (In years last birthday) 63 6/7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) SEDALIA MO D
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME UNK		13b. MOTHER'S MAIDEN NAME MINERVA JOHNSON
14. NAME OF HUSBAND OR WIFE UNK		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. NONE
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harry Lee Taylor 2325 Chestnut		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) Artery of body		MEDICAL CERTIFICATION		
ANTECEDENT CAUSES		DUE TO (b) 2 degrees		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 123		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SHOOTING HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 304 Broadway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) N. Jackson Mo
21d. TIME OF INJURY 1/20/53 12:00 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NO WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR Burns
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. R. Jones		23b. ADDRESS 1612 E 12th		23c. DATE SIGNED 1/22/53
24a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		24b. DATE 1-23-53		24c. NAME OF CEMETERY OR CREMATORY BLUE RIDGE LAWN
24d. LOCATION (City, town, or county) (State) Kansas City, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Flynn-Ramsay, Kansas City, Mo.		
DATE REC'D BY LOCAL REG. 1-29-53		REGISTRAR'S SIGNATURE Geraldine Smith		

WRITE PLAINLY—USING UNFADEING 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 Lawrence Jones

Licensed Embalmer No. 4459

P. O. Address 2300 E. 8th 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.