

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39271**
5329

FILED NOV 25 1953

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No.			
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS				b. COUNTY WYANDOTTE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 17 days		c. CITY OR TOWN KANSAS CITY		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL				e. STREET ADDRESS (If rural, give location) 1113 New Jersey Avenue				875 8	
3. NAME OF DECEASED (Type or Print) a. (First) EDWARD		b. (Middle) (NMI)		c. (Last) SELKIRK		4. DATE OF DEATH (Month) (Day) (Year) November 5, 1953			
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 16, 1921			
9. AGE (In years last birthday) 32		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck driver		10b. KIND OF BUSINESS OR INDUSTRY For City of Kansas City		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Frank Selkirk		13b. MOTHER'S MAIDEN NAME Ida McClellan		14. NAME OF HUSBAND OR WIFE Osceola Selkirk					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Y or N, no. or unknown) (If yes give way or dates of service) Yes W. War II		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME Osceola Selkirk		ADDRESS 1113 New Jersey Ave.			
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) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriolamephrosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 wks 10 yrs 446X			
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) (Minute)		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>Oct. 19</u> , 19 <u>53</u> , to <u>Nov. 5</u> , 19 <u>53</u> , that I last saw the deceased on the date stated above and that death occurred at <u>6:55A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE Richard C. Schaffer				23b. ADDRESS VA Hospital, Kansas City, Mo.		23c. DATE SIGNED 11-5-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Nov 10, 1953		24c. NAME OF CEMETERY OR CREMATORY Westtown		24d. LOCATION (City, town, or county) (State) Kansas City, Kans.			
DATE REC'D BY LOCAL REG. 11-10-53		REGISTRAR'S SIGNATURE Seraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE Calvin Davis ADDRESS - 145 Truman					

(Licensed Embalmer's Statement on Reverse Side)

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

X

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 *Landis H. Jackson*

Licensed Embalmer No. *4856*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**