

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1235**
138

FILED JAN 27 1954
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) Kansas City	c. LENGTH OF STAY (in this place) non-resident	c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN Independence	
d. FULL NAME OF HOSPITAL OR INSTITUTION 85th + Prayser		d. STREET ADDRESS (If rural, give location) 1115 Crescent	

3. NAME OF DECEASED (Type or Print)	a. (First) Ida	b. (Middle) Lee	c. (Last) Cadwell	4. DATE OF DEATH (Month) (Day) (Year) Jan 9, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 8, 1894	9. AGE (in years last birthday) 59	IF UNDER 1 YEAR: Months 7 Days 1	IF UNDER 28 HRS. Hours 1 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Heron Baden	13b. MOTHER'S MAIDEN NAME Martha Hayes	14. NAME OF HUSBAND OR WIFE Edward L. Cadwell
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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. None	17. INFORMANT'S SIGNATURE OR NAME Mrs Nellie Bowen	ADDRESS 6016 E 14th
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		19. INTERVAL BETWEEN ONSET AND DEATH 0810^H 27
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Fractured leg fractured forehead Injured chest		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (a) _____ DUE TO (b) _____ 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 Past Relieved	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) R.R. Crossing	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) Kansas City Jackson (STATE) MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1-9-54	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Car ran into a piano
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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.

22a. SIGNATURE Hugh H. Owens (Degree or title)	22b. ADDRESS 1034 Rialto Bldg	22c. DATE SIGNED 1-11-54
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24a. BURIAL CREMATION (Specify) Removal	24b. DATE Jan 12-54	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cem	24d. LOCATION (City, town, or county) (State) Independence MO
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DATE REC'D BY LOCAL REG. 1-11-54	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Wilson L. Tesby	ADDRESS Judges
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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 William L. Kessler

Licensed Embalmer No. 4225

P. O. Address Indep. 2nd

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.