

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33060

State File No.

FILE NOV 15 1954

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1187

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY OR TOWN St. Joseph	c. LENGTH OF STAY (In this place) 23 years	c. CITY OR TOWN St. Joseph	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 204 1/2 S. 14th St.		f. STREET ADDRESS (If rural, give location) 204 1/2 S. 14th St.	

3. NAME OF DECEASED (Type or Print) a. (First) James	b. (Middle) Leonidas	c. (Last) Edwards	4. DATE OF DEATH (Month) (Day) (Year) November 8, 1954
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH November 7, 1877	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. proprietor	10b. KIND OF BUSINESS OR INDUSTRY restaurant	11. BIRTHPLACE (City and State or Foreign Country) Sebree, Kentucky	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James L. Edwards	13b. MOTHER'S MAIDEN NAME Julia Smith	14. NAME OF HUSBAND OR WIFE Georgia
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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. 500-34-5797	17. INFORMANT'S SIGNATURE OR NAME Mrs. Georgia Edwards	ADDRESS 204 1/2 S. 14th St. St. Joseph Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gen. Arteriosclerosis DUE TO (c) Chr myocarditis		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 1/201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from 11-8, 1954, to 11-8, 1954, that I last saw the deceased alive on 11-8, 1954, and that death occurred at 7:00 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Mr. Grimes M.D.	23b. ADDRESS St Joseph Mo	23c. DATE SIGNED 11-9-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/11/1954	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
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DATE REC'D BY LOCAL REG. Nov. 12, 1954	REGISTRAR'S SIGNATURE Kathleen M. Allison	485	25. FUNERAL DIRECTOR'S SIGNATURE Heaton-Bowman	ADDRESS St Joseph, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Thomas

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 *Billie C. Gonder* Student Embalmer No. *571* working under my personal supervision.

Student *Billie C. Gonder*
Signature of Student Embalmer

Signed *William Spalding*

Licensed Embalmer No. *417*

P. O. Address *319 S. 10th St.*

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.