

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1117**  
**76**

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Platte</b>	
b. CITY OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Missouri City</b>	d. RESIDENCE WITHIN LIMITS OF A CITY OR INCORPORATED TOWN? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>2 weeks</b>		STREET ADDRESS (If rural, give location) <b>Rural - Fishing River Township 6000</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Research</b>			

3. NAME OF DECEASED a. (First) <b>CHARLES</b> b. (Middle) <b>H.</b> c. (Last) <b>EDWARDS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 5 - 55</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>Sept. 21-1876</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Virginia</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Freel S. Edwards</b>	13b. MOTHER'S MAIDEN NAME <b>Rebelle Higgins</b>	14. NAME OF HUSBAND OR WIFE <b>Dallie Edwards</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Forest K. Edwards, Md. City, Mo.</b>	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>		<b>1 wk</b>
	ANTECEDENT CAUSES DUE TO (b) <b>Diabetes Mellitus</b>		<b>Indef.</b>
DUE TO (c) <b>Bronchopneumonia</b>		<b>2 to 3</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <b>Cardiac Failure</b>		<b>3 weeks ago</b>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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) _____	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 **Sept 1948**, to **Jan 5, 1955**, that I last saw the deceased alive on **Jan 5, 1955**, and that death occurred at **6:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Glenn W. Hendren</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>Liberty, Mo</b>	23c. DATE SIGNED <b>1-5-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Jan 5-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lawrence</b>	24d. LOCATION (City, town, or county) (State) <b>Liberty Mo</b>
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DATE REC'D BY LOCAL REG. <b>1-7-55</b>	REGISTRAR'S SIGNATURE <b>Neva Marshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Church-Orcher</b> ADDRESS <b>Liberty, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
*John L. Lohman*

Licensed Embalmer No. 444

P. O. Address.....  
*Liberty*

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.