

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40525**
5602

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 Mo. b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN No. Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 3 Wks.		e. STREET ADDRESS (If rural, give location) 2118 Erie	
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran			

3. NAME OF DECEASED (Type or Print)	a. (First) Harold	b. (Middle) J.	c. (Last) Edwards	4. DATE OF DEATH (Month) (Day) (Year) Dec. 22, 1955
-------------------------------------	--------------------------	-----------------------	--------------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 20, 1894	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 2 HRS. Min.
--------------------	-------------------------------	---	---------------------------------------	---	----------------------	------------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Corn Products Refining Co.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Breckennidge Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	-----------------------------------	--	--

13a. FATHER'S NAME John E. Edwards	13b. MOTHER'S MAIDEN NAME Amanda Couchman	14. NAME OF HUSBAND OR WIFE Leona Edwards
---	--	--

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. 487-01-1304	17. INFORMANT'S SIGNATURE OR NAME Clay Edwards	ADDRESS -2020 Erie N.K.C.
--	--	---	----------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial infarction		DUE TO (b) coronary atherosclerosis		3 weeks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) long-term failure, renal		3 weeks
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4201

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 **Jan 15, 1955**, to **Dec 22, 1955**, that I last saw the deceased alive on **Dec 22, 1955**, and that death occurred at **10:18 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Robert H. Hodge (Degree or title) MD	23b. ADDRESS 329 Armon N.K.C. mo	23c. DATE SIGNED 12/23/55
---	---	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-24-55	24c. NAME OF CEMETERY OR CREMATORY White Chapel Cem.	24d. LOCATION (City, town, or county) (State) Clay Co. Mo.
---	---------------------------	---	---

DATE REC'D BY LOCAL REG. 12-24-55	REGISTRAR'S SIGNATURE Neve Marshall	25. FUNERAL DIRECTOR'S SIGNATURE D.W. Deweomen's Sons	ADDRESS N.K.C.
--	--	--	-----------------------

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

PL 2-1362

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: *Glenn H. Hill*.....

Licensed Embalmer No. 45...

P. O. Address P.C. 14.....

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.