

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1325

State File No. _____

FILED JAN 25 1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 97

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

c. LENGTH OF STAY (in this place) 58 yrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missouri

b. COUNTY Jackson

c. CITY OR TOWN Kansas City

d. Is Residence within limits of a city or incorporated town? Yes No

e. STREET ADDRESS (If rural, give location) 1618 East 13th Street

3. NAME OF DECEASED (Type or Print)

a. (First) Benjamin

b. (Middle) _____

c. (Last) Edwards

4. DATE OF DEATH (Month) (Day) (Year) 1 5 1956

5. SEX Male

6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced

8. DATE OF BIRTH 1897

9. AGE (In years last birthday) 58 yrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Packing House

11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Benjamin Edwards

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Matilda Fitzpatrick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no

16. SOCIAL SECURITY NO. 513-01-9593

17. INFORMANT'S SIGNATURE OR NAME Bernice Mott

ADDRESS 2306 Campbell

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary congestion & edema

ANTECEDENT CAUSES

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) massive subdural hemorrhage.

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 331 X

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 1-1-56, 1956, to 1-5-56, 1956, that I last saw the deceased alive on 1-2-56, 1956, and that death occurred at 10:20 pm., from the causes and on the date stated above.

23a. SIGNATURE W. Frank Ellis

23b. ADDRESS 600 East. 22nd Street

23c. DATE SIGNED 1-6-56

24a. BURIAL CREMATION (REMOVAL) (Specify) Burial

24b. DATE 1-11-56

24c. NAME OF CEMETERY OR CREMATORY Westlawn Cemetery

24d. LOCATION (City, town, or county) (State) Kansas City, Kansas

DATE REC'D BY LOCAL REG. 1-9-56

REGISTRAR'S SIGNATURE neva Marshall

25. GENERAL DIRECTOR'S SIGNATURE Hatkins Bros. Funeral Home

ADDRESS 18th & B

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.....
Signature of Student Embalmer

Signed... *Bruce R. Watkins*.....

Licensed Embalmer No.... *456*.....

P. O. Address.... *18th Be*.....

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.