

FILED AUG 29 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26874**

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>3534</b>			
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>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>			c. LENGTH OF STAY (in this place) <b>36 yrs.</b>		c. CITY OR TOWN <b>Kansas City</b>			d. Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1001 E. 14th Street</b>				e. STREET ADDRESS (If rural, give location) <b>1001 E. 14th Street</b>					
3. NAME OF DECEASED (Type or Print)			a. (First) <b>Charles</b>		b. (Middle) _____		c. (Last) <b>Edwards</b>		
4. DATE OF DEATH			(Month) <b>Aug.</b>		(Day) <b>10,</b>		(Year) <b>1956</b>		
5. SEX <b>1</b>		6. COLOR OR RACE <b>Col.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>June 6, 1895</b>		9. AGE (In years last birthday) <b>61</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Rock Island Freight</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Pine Bluff, Ark.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		
13a. FATHER'S NAME <b>Unknown</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Joanna Edwards</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>493-12-2380</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Joanna Edwards, Kansas City, Mo.</b>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Insufficiency</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <b>Chronic Glomerular nephritis</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Cirrhosis of Liver - Pulmonary Edema</b>						INTERVAL BETWEEN ONSET AND DEATH  <b>4:200</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 _____, 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.									
23a. SIGNATURE <b>J. M. Tillman</b> (Degree or title) <b>Deputy coroner</b>				23b. ADDRESS <b>3 M.D. 1618 Lydia Ave.</b>			23c. DATE SIGNED <b>8/11/56</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8/15/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lincoln Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>8-13-56</b>		REGISTRAR'S SIGNATURE <b>Neva Mitchell</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Badeau, Appleton &amp; Jones, Inc., K.C., Mo.</b>				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
J. M. Tillman

---

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 *Conrad Gladys Bode*

Licensed Embalmer No. *4941*

P. O. Address *E. C. Mrs.*

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.