

Health, Welfare  
Public  
Service

300-  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STANDARD CERTIFICATE OF DEATH

FILED OCT 15 1956

25875

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1072

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 (If outside corporate limits, give-TOWNSHIP only) OR TOWN St. Joseph Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY- OR TOWN St. Joseph Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 834 S. 9th St.		d. STREET ADDRESS 834 S. 9th St.	
Length of stay in 1b 35 years		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) EARL CARL EDWARDS		4. DATE OF DEATH Sept. 27, 1956	
5. SEX male		6. COLOR OR RACE white	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>		8. DATE OF BIRTH Jan. 30, 1884	
9. AGE (In years last birthday) 72		10. KIND OF BUSINESS OR INDUSTRY laborer	
11. BIRTHPLACE (City and state or country) Des Moines, Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William Edwards		14. MOTHER'S MAIDEN NAME Theresa Wait	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Mrs. Verna Sutton, 834 S9th, St. Joseph, Mo.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple Cerebral Hemorrhages Interval between ONSET AND DEATH 2 months Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis Unk. DUE TO (c) Cardio Renal Disease Unk. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 442x	
20c. TIME OF INJURY: Hour, Month, Day, Year a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. CITY, TOWN, OR LOCATION	
21. I attended the deceased from 5/24/54 to 9/27/56 and last saw him alive on 9/26/56		21. I attended the deceased from 5/24/54 to 9/27/56 and last saw him alive on 9/26/56	
22a. SIGNATURE H. F. Mundy (Degree or title)		22b. ADDRESS 2801 Sacramento St. St. Joseph, Mo.	
22c. DATE SIGNED 9/28/56		22d. ADDRESS	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 9/30/1956	
23c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery		23d. LOCATION (City, town, or county) Troy, Kansas (State)	
24. FUNERAL DIRECTOR Heston-Bowman St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Oct 8, 1956	
26. REGISTRAR'S SIGNATURE Eather M. Allison		26. REGISTRAR'S SIGNATURE	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

485

(Licensed Embalmer's Statement on Reverse Side)

3961 9 2 100'

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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 *William Spalding*.....

Licensed Embalmer No. *45*

P. O. Address *795 10th St*

Note; The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (E  
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.