

FILED OCT 3 1956

## STANDARD CERTIFICATE OF DEATH

30678

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4020

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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>3058</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>General Hospital</b>			Length of stay in lb <b>1 Yr</b>		d. STREET ADDRESS <b>314 Newton</b>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>JIMMIE</b> Middle <b>WILLIAM</b> Last <b>EDWARDS</b>				4. DATE OF DEATH Month <b>Sept</b> Day <b>12</b> Year <b>1956</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <b>June 14 1951</b>		9. AGE (In years last birthday) <b>5</b> IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Osceola Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>			
13. FATHER'S NAME <b>Robert P Edwards</b>				14. MOTHER'S MAIDEN NAME <b>Melissa V Jones</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>None</b>		17. INFORMANT Address <b>Robert P Edwards 314 Newton K C Missouri</b>				
18. CAUSE OF DEATH [Enter only one cause or link for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Prob + Secondary, usually from auto/b</b> <b>skull fracture + subdural hemorrhage, fractured</b> <b>spine + fracture left femur</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>skull fracture + subdural hemorrhage, fractured</b> DUE TO (c) <b>spine + fracture left femur</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a)								INTERVAL BETWEEN ONSET AND DEATH <b>28 1/2</b>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I for Part II of item 18) <b>Struck by a car</b>						
20c. TIME OF INJURY Hour <b>2:30</b> Month, Day, Year <b>9-12-56</b> p. m.			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>						
20e. PLACE OF INJURY (e. g., in or about home, factory, office bldg., etc.) <b>Street</b>			20f. CITY, TOWN, OR LOCATION <b>Kansas City</b>		COUNTY <b>Jackson</b>		STATE <b>Missouri</b>		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <b>H. C. Kealhofer</b> (degree or title) <b>H. C. Kealhofer, Deputy Coroner</b>				22b. ADDRESS <b>1627 Prickett St</b>		22c. DATE SIGNED <b>9-13-56</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>Sept 14 1956</b>		23c. NAME OF CEMETERY OR CREMATORY <b>—</b>		23d. LOCATION (City, town, or county) (State) <b>Osceola Missouri</b>			
24. FUNERAL DIRECTOR ADDRESS <b>Sheil Funeral Home K C Missouri</b>			25. DATE RECD. BY LOCAL REG. <b>9-13-56</b>		26. REGISTRAR'S SIGNATURE <b>Neva Minshall</b>				

ESB. 91 8/11/11

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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 *Thomas A. Seal*.....

Licensed Embalmer No. *79*.....

P. O. Address *F. C. M.*.....

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