

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-018149

STATE FILE NUMBER

2244

FILED MAY 23 1958

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Iowa</b> b. COUNTY <b>TAMA</b>	
b. CITY OR TOWN <b>Mansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Toledo 8/40g</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Osteopathic Hospital IMP</b>		d. STREET ADDRESS (If outside, give location) <b>1MP</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Edith</b> Middle <b>Edwards</b> Last <b>Edwards</b>		4. DATE OF DEATH Month <b>5</b> Day <b>3</b> Year <b>1958</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>6-22-1905</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>School Cook</b>		9b. KIND OF BUSINESS OR INDUSTRY <b>Public School</b>	9c. BIRTHPLACE (City and state or country) <b>Traus Iowa</b>
10a. FATHER'S NAME <b>John LeFerry</b>		10b. MOTHER'S MAIDEN NAME <b>Marie Young</b>	
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>None</b>		12. SOCIAL SECURITY NO. <b>484-40-9200</b>	
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Uremia</b> DUE TO (b) <b>Nephrosclerosis</b> DUE TO (c) <b>Adenocarcinoma of ovaries - metastasis</b>		14. NAME OF HUSBAND OR WIFE <b>Lyle Edward Tama Iowa</b>	
15. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		16. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
17. TIME OF INJURY Hour <b>5:15</b> Month, Day, Year		18. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from <b>April 6, 1958</b> to <b>May 3, 1958</b> and last saw her alive on <b>May 2, 1958</b> Death occurred at <b>5:15</b> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.		22. CITY, TOWN, OR LOCATION <b>Green Mountain Iowa</b> COUNTY STATE	
23. SIGNATURE (Degree or title) <b>Verner J. Ames</b>		24. ADDRESS <b>926 E. 11th St. K.C., Mo.</b>	
25. BURIAL, CREMATION, REMOVAL (Specify) <b>Remove</b>		26. DATE <b>5-3-58</b>	
27. NAME OF CEMETERY OR CREMATORY <b>Chapel Hill Cemetery</b>		28. LOCATION (City, town, or county) (State) <b>Green Mountain Iowa</b>	
29. FUNERAL DIRECTOR <b>C. L. Henderson</b>		30. ADDRESS <b>Toledo Iowa</b>	
31. DATE RECD. BY LOCAL REG. <b>5-3-58</b>		32. REGISTRAR'S SIGNATURE <b>neva minshall</b>	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Verner J. Ames

Dr.  
Expired 5-3-58-5<sup>18</sup> AM.  
Osteopathic Hospital



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 *Leonard Parranton* .....

Licensed Embalmer No. *4554* .....

P. O. Address *KCMO* .....

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.