Health, Welfare Public Service

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FILED JUL 30 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-025456
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3401

1. PLACE OF DEATH a. COUNTY Jackson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Kansas City — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Research — Length of stay in 1b 63 years	d. STREET ADDRESS (If outside, give location) 3539 Wyandotte — Reside on Farm Yes ☐ No ☒

3488

3. NAME OF DECEASED (Type or print) First H. Middle Carlton Last Edwards		4. DATE OF DEATH Month July Day 11, Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Nov. 22, 1881
9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate	10b. KIND OF BUSINESS OR INDUSTRY H. C. Edwards Co	11. BIRTHPLACE (City and state or country) Clark County, Ohio	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Samuel Edwards	13b. MOTHER'S MAIDEN NAME Elizabeth Landaker	14. NAME OF HUSBAND OR WIFE Josephine Edwards	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 495-38-5631	17. INFORMANT Mrs. Josephine Edwards Address 3539 Wyandotte	

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH 24 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Cardiac Displacement to right — several weeks

DUE TO (c) Huge & Distended Megacolon (n.m.s.) 578 — Gradual for 6 years.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Chronic Fistula from Sigmoid Colon - Probable Partial Obstruction

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2 (Refused)

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 7 1958, to July 11, 1958 and last saw ~~her~~ him alive on July 11, 1958

Death occurred at 6:05 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Carl R. Ferris M.D.

22b. ADDRESS 535 Argyle Bldg Kansas City 6 Mo

22c. DATE SIGNED July 12, 1958

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 14, 1958	23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR ADDRESS Stine & McClure Undertaking Co., K. C.		25. DATE RECD. BY LOCAL REG. Mo. 7-12-58	26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Carl R. Ferris

Dr Ferris
535 Argyle Bldg
U128227
Sat. 12:30-5

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 [signature]

Licensed Embalmer No. 5010

P. O. Address Kansas City, Mo

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.