

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028083

FILED VS SEP 2 1959

Registration District No. 14 Primary Registration District No. 5064 Registrar's No. 10

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY <u>Barton</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Leroy</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Arcadia, Kansas R.2</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u> c. CITY OR TOWN <u>Burgess</u> d. STREET ADDRESS (If outside, give location) <u>City</u>	
Length of stay in 1b <u>8 Days</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Lula</u> Middle <u>M.</u> Last <u>Edwards</u>			4. DATE OF DEATH Month <u>Aug.</u> Day <u>18</u> Year <u>1959</u>	
---	--	--	--	--

5. SEX <u>Fe</u>	6. COLOR OR RACE <u>W.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/28/84</u>	9. AGE (last birthday) <u>75</u>	10. IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>		11. IF UNDER 24 HR Hours <u> </u> Min. <u> </u>	
------------------	----------------------------	---	---------------------------------	----------------------------------	---	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and state or country) <u>Sterling, Kansas</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
--	---	--	---

13a. FATHER'S NAME <u>Henry W. Merrell</u>	13b. MOTHER'S MAIDEN NAME <u>Inez Hill</u>	14. NAME OF HUSBAND OR WIFE <u>Alvin E. Edwards</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>499-22-1626</u>	17. INFORMANT Address <u>Alvin E. Edwards Mulberry, Mo</u>
--	--	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>BRAIN tumor</u> DUE TO (b) <u>Infiltrating epidermoid Carcinoma</u> DUE TO (c) <u>vagina</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 months</u> <u>3 yrs. 5 months</u>
---	--	---

PART II. OTHER SIGNIFICANT CONDITIONS, CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Rheumatoid arthritis multiple joints</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
--	--	--

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.)
--	---	--

20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u>	Month, Day, Year
---	------------------

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <u>June 8, 1953</u> to <u>August 8, 1959</u> and last saw her <u>him</u> alive on <u>6-26-59</u> Death occurred at <u>6:35 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE <u>Alvin E. Edwards</u> (Degree or title) <u>MD</u>	22b. ADDRESS <u>Pittsburg Kansas</u>	22c. DATE SIGNED <u>8-21-59</u>
--	--------------------------------------	---------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8/21/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Rosebank</u>	23d. LOCATION (City, town, or county) (State) <u>Mulberry, Kansas</u>
---	--------------------------	--	---

24. FUNERAL DIRECTOR <u>J. M. Berkey</u> ADDRESS <u>Mulberry Mo</u>	25. DATE RECD. BY LOCAL REG. <u>August 25, 1959</u>	26. REGISTRAR'S SIGNATURE <u>Charlotte McDowell</u>
---	---	---

(Licensed Emballer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 2 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

~~by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. M. Berkeley

Licensed Embalmer No. 2336

P. O. Address Mulhara

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.