

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028429

FILED VS AUG 20 1959 59

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 134

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Cass				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Cass				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Peculiar Township		Length of stay in lb 1 1/2 weeks		c. CITY OR TOWN Belton		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pleasant View Rest Home			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 309 S. East Ave		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First VIOLA Middle (none) Last EDGINGTON				4. DATE OF DEATH Month Aug. Day 6 Year 1959				
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2/28/1877	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and state or country) Los Angeles, Calif.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Charles P. Jilson			13b. MOTHER'S MAIDEN NAME Annie Rielly			14. NAME OF HUSBAND OR WIFE A. C. Edgington		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none		17. INFORMANT William L. Baker Kansas City, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia, bronchial Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral hemorrhage DUE TO (c) Atherosclerosis							INTERVAL BETWEEN ONSET AND DEATH 1 week	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 _____ p.m. _____ p.m. 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 April 1959 to Aug 6, 1959 and last saw her alive on Aug 4, 1959 Death occurred at 8 AM on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Edward S. Jones M. D.				22b. ADDRESS Harris onville, Missouri		22c. DATE SIGNED		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/8/1959	23c. NAME OF CEMETERY OR CREMATORY Belton C emetery		23d. LOCATION (City, town, or county) (State) Belton, Missouri			
24. FUNERAL DIRECTOR E. K. George & Sons Belton, Mo.			25. DATE RECD. BY LOCAL REG. 8-10-59		26. REGISTRAR'S SIGNATURE Mrs. Ray Sebrue			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

INVESTIGATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard E. George

Licensed Embalmer No. 3958

P. O. Address Boston

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