

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032312

FILED OCT. 13 1959 / 49

Registration District No. Primary Registration District No. 1002 Registrar's No. 4715

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY RAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN HARDIN	
Length of stay in 1b 6 months		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT IN hospital, give location) HOSPITAL OR INSTITUTION 1411 WHITE		d. STREET ADDRESS (If outside, give location) 5 mi. N.E. of HARDIN	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First WILLIE Middle VIVIAN Last EDGAR			4. DATE OF DEATH Month SEPT. Day 26 Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-8-1892	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER + FARM.	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) RAY COUNTY, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME ELIJAH DEMINT	13b. MOTHER'S MAIDEN NAME NANNIE B. FREEMAN	14. NAME OF HUSBAND OR WIFE JESSIE J. EDGAR (deceased)
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. 497-40-3344	17. INFORMANT GLENN EDGAR - KANSAS CITY, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 6 years
IMMEDIATE CAUSE (a) Carcinoma of cervix		
DUE TO (b) Carcinoma of uterus		
DUE TO (c)		
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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	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
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21. I attended the deceased from **9-23-59** to **9-26-59** and last saw her alive on **Sept 25-59**
Death occurred at **2:25 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul A. Klumberg MD	(Degree or title)	22b. ADDRESS 5246 St John	22c. DATE SIGNED 9/28/59
23a. BURIAL (Specify) Burial	23b. DATE 9-28-59	23c. NAME OF CEMETERY OR CREMATORY LAUELOCK CEM.	23d. LOCATION (City, town, or county) (State) RAY COUNTY Mo
24. FUNERAL DIRECTOR Knipschild & Borcherding - HARDIN, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 9-29-59	26. REGISTRAR'S SIGNATURE Neva Marshall

DOCUMENT BY AFFIDAVIT OF Paul A. Klumberg, M.D. MEDICAL CERTIFICATION

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OCT 13 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 _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

August Borchert

Licensed Embalmer No. 4678

P. O. Address Hardin, Mo.

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