

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-025897

FILED VS. AUG 8 1960 042

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821

STATE FILE NUMBER

INDEXED

Register's District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY <i>Buchanan</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Buchanan</i>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Joseph</i>		Length of stay in 1b <i>Life</i>		c. CITY OR TOWN <i>St. Joseph</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Mo. Methodist Hospital</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>6104 South 5th Street</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <i>Alice</i> Middle Last <i>Edds</i>				4. DATE OF DEATH Month <i>July</i> Day <i>29</i> Year <i>1960</i>									
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>Sept. 15, 1891</i>		9. AGE (last birthday) <i>68</i>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Cashier</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>Western Union</i>		11. BIRTHPLACE (City and state or country) <i>St. Joseph, Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>					
13a. FATHER'S NAME <i>Jke Edds</i>				13b. MOTHER'S MAIDEN NAME <i>Cassie D. Hyde</i>				14. NAME OF HUSBAND OR WIFE <i>none</i>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>				16. SOCIAL SECURITY NO. <i>497 - 09 - 1664</i>		17. INFORMANT Address <i>Fred A. Hyde 9th & E. Hyde Park Ave.</i>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Reticulum Cell Sarcoma, disseminated</i>										INTERVAL BETWEEN ONSET AND DEATH <i>2 1/2 years</i>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b)		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 type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 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					
21. I attended the deceased from <i>5/20/60</i> to <i>7/29/60</i> and last saw her ^{her} alive on <i>7/29/60</i> Death occurred at <i>10:30 a</i> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>Donald J. Stallard, M.D.</i> (Degree or title)				22b. ADDRESS <i>902 Edmond</i>				22c. DATE SIGNED <i>8/1/60</i>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>August 7, 1960</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park Cemetery</i>		23d. LOCATION (City, town, or county) <i>St. Joseph, Missouri</i>		23e. STATE <i>Missouri</i>					
24. FUNERAL DIRECTOR <i>Clark Funeral Home</i> ADDRESS <i>St. Joseph, Mo.</i>				25. DATE RECD. BY LOCAL REG. <i>Aug 1, 1960</i>		26. REGISTRAR'S SIGNATURE <i>Mrs. Clark Stallard</i>							

DOCUMENT

D.J. Sta. Head Medical Certification

BY AFFIDAVIT OF

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 Emm a Clark

Licensed Embalmer No. 4238

P. O. Address St Joseph

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.