

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-030528

FILED VS SEP. 6 1960 149

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 4299

STATE FILE NUMBER

UNDEED

DOCUMENT

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 (If outside corporate limits, give TOWNSHIP only) Kansas City		Length of stay in 1b "unknown"	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Helping Hand Institute 523 Grand Ave. Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ROLLA Middle WILLIAM Last EDWARDS			4. DATE OF DEATH Month 8 Day 17 Year 60		
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5. SEX Male	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 3-6-20	9. AGE (last birthday) 40	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. MAJOR OCCUPATION (Give kind of work done during most of working life, even if retired) Radio & T.V. Repairman	10b. KIND OF BUSINESS OR INDUSTRY Electronics Repair	11. BIRTHPLACE (City and state or country) Maywood, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Charles Richard Edwards	13b. MOTHER'S MAIDEN NAME Marie Mueller	14. NAME OF HUSBAND OR WIFE Vavi Edwards
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. 2	16. SOCIAL SECURITY NO. 492-18-6688	17. INFORMANT Mrs. Marie Edwards; 502 West Walnut
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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		INTERVAL BETWEEN ONSET AND DEATH
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	
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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 _____ s.m. _____ p.m. _____	Month, Day, Year _____
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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 **8-3-60** to **8-17-60** and last saw her/him alive on **8-17-60**
Death occurred at **3:25** p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>L. Dwyer</i> (Degree or title)	22b. ADDRESS M.D. 2400 Cherry - K.C., MO.	22c. DATE SIGNED 8-17-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8-24-60	23c. NAME OF CEMETERY OR CREMATORY Mount Calvary Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Kansas
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24. FUNERAL DIRECTOR Weilert Funeral Homes (s) K.C., Mo.	25. DATE RECD. BY LOCAL REG. 8-22-60	26. REGISTRAR'S SIGNATURE <i>L. Dwyer</i>
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BY AFFIDAVIT OF L. Dwyer

MEDICAL CERTIFICATION

