

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12038

State File No.

FILED APR 28 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 434

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph	
c. LENGTH OF STAY (in this place) 3 mo., 19 days		d. STREET ADDRESS (If rural, give location) 1615 Seneca St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Parkview Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) James	b. (Middle) L.	c. (Last) Edson	4. DATE OF DEATH (Month) (Day) (Year) April 19, 1952
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>married</u> (Specify)	8. DATE OF BIRTH October 14, 1869	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. groceryman	10b. KIND OF BUSINESS OR INDUSTRY store	11. BIRTHPLACE (State or foreign country) King City, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Walter Edson	13b. MOTHER'S MAIDEN NAME Rachel Daugherty	14. NAME OF HUSBAND OR WIFE Kate Edson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. Kate Edson, 1615 Seneca, St. Joseph, Mo.	ADDRESS St. Joseph, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) malnutrition		6 mo
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senile dementia DUE TO (c) arteriosclerosis		2 yrs YRS
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4500	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 12-18, 1951, to 4-19, 1952, that I last saw the deceased alive on 4-19, 1952, and that death occurred at 1:42 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. E. Grimes, M.D.	23b. ADDRESS 315 Kirk Bldg	23c. DATE SIGNED 4-19-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/20/1952	24c. NAME OF CEMETERY OR CREMATORY King City Cemetery	24d. LOCATION (City, town, or county) (State) King City, Missouri
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DATE REC'D BY LOCAL REG. April 28, 1952	REGISTRAR'S SIGNATURE Carl C. Cash	25. FUNERAL DIRECTOR'S SIGNATURE Heaton-Brown Funeral Home	ADDRESS St. Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed William Spalding.....

Licensed Embalmer No. 4535.....

P. O. Address 319 S 18th St Joseph 2.....

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 this body is not embalmed, fact should be so stated above.