

FILED APR 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12873
State File No.
1673
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>	
c. LENGTH OF STAY (In this place) <u>58 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>1400 COLLEGE AVENUE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEUROLOGICAL HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u> b. (Middle) <u>M</u> c. (Last) <u>EDWARDS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL - 10 - 1952</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY - 17 - 1870</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months: _____ Days: _____	IF UNDER 2 HRS. Hours: _____ Min: _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED - 18 YEARS - CLIMBING</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>WESTERN UNION</u>	11. BIRTHPLACE (State or foreign country) <u>DOVER MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>EDWARD EDWARDS</u>	13b. MOTHER'S MAIDEN NAME <u>MARGARET JONES</u>	14. NAME OF HUSBAND OR WIFE <u>MRS. LULA H. EDWARDS</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. LULA H. EDWARDS</u> ADDRESS <u>1400 COLLEGE AVE. KANSAS CITY, MO.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>36 mo</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>H. C. V. D.</u>		<u>years</u>
	DUE TO (c) <u>Generalized arteriosclerosis</u>		<u>years.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile psychosis.</u>			<u>9 mo</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4437</u>	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) (Min)	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 8/30, 1951, to 4/10, 1952, that I last saw the deceased alive on 4/10, 1952, and that death occurred at 10:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. D. De Mott M.D.</u> (Degree or title)	23b. ADDRESS <u>2625 W. Paseo, K.C., Mo.</u>	23c. DATE SIGNED <u>4/10/52</u>
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24a. FUNERAL CREMATION (REMOVAL) (Specify) <u>BURIAL</u>	24b. DATE <u>APR 12 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BLACKBURN CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>BLACKBURN MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>4-12-52</u>	REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Newcomb's Sons</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Albert L. Savage

Signed.....
Student Embalmer

Licensed Embalmer No. *4872*

P. O. Address *Kansas City, Mo.*

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.