

FILED APR 25 1955

STANDARD CERTIFICATE OF DEATH

11341

State File No.

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 3013 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>CLAY</u> <u>6001</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u> <u>6001</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>NORTH KANSAS CITY</u>	c. LENGTH OF STAY (In this place) <u>20 YRS</u>	c. CITY OR TOWN <u>NORTH KANSAS CITY</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2118 ERIC</u>		STREET ADDRESS <u>2118 ERIC</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LEONA</u>	b. (Middle) <u>OPAL</u>	c. (Last) <u>EDWARDS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 19 1955</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT 4, 1891</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>64</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Cowgill, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JAMES T JACKSON</u>	13b. MOTHER'S MAIDEN NAME <u>MARTHA L CRIST</u>	14. NAME OF HUSBAND OR WIFE <u>HAROLD J 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>496-07-7444</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>HAROLD J. Edwards 2118 ERIC</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Melanoma Epithelioma with</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>metastases to lungs & ovary nodes</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>190x</u>			

19a. DATE OF OPERATION <u>1952</u>	19b. MAJOR FINDINGS OF OPERATION <u>Melanoma Epithelioma of inner lip, left hand.</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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>A</u>
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22. I hereby certify that I attended the deceased from 1951 Aug, 1951, to April 19, 1955, that I last saw the deceased alive on April 18, 1955, and that death occurred at 12:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert H. Thayer</u>	23b. ADDRESS <u>2480 329 Arroyo Rd, W.K.C. Mo</u>	23c. DATE SIGNED <u>4-20-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4-21-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>White Chapel M.C.</u>	24d. LOCATION (City, town, or county) (State) <u>CLAY Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-21-55</u>	REGISTRAR'S SIGNATURE <u>Marguerite Judgins</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D.W. Neulomess 1494 Iowa N.K.C. Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 19 1956

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..... *Glenn H. Hill*

Licensed Embalmer No... 458

P. O. Address... R.C. 16.

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.