

FILED MAY 24 1955

STANDARD CERTIFICATE OF DEATH

State File No. 15428

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2060

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, write RURAL and give township) Kansas City			c. LENGTH OF STAY (in this place) 5 mons		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 1420 Forest				STREET ADDRESS (If rural, give location) 1420 Forest			
3. NAME OF DECEASED (Type or Print) a. (First) Lizzie		b. (Middle)		c. (Last) Edwards		4. DATE OF DEATH (Month) (Day) (Year) May 8, 1955	
5. SEX 3 female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2		8. DATE OF BIRTH April 4, 1874		9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Arcidia, La. /		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John McGuire		13b. MOTHER'S MAIDEN NAME Mary Bracken		14. NAME OF HUSBAND OR WIFE Ed Edwards			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Johnnie Mae Ellis 1420 Forest			
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, asphyxia, 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) Bronchopneumonia	ANTECEDENT CAUSES						
	DUE TO (b) Cerebral Thrombosis						
	DUE TO (c) Acute Pyelonephritis						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							6000
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb. 6, 1955 to May 8, 1955 , that I last saw the deceased alive on May 8, 1955 , and that death occurred at 1:30^{PM} m., from the causes and on the date stated above.							
23a. SIGNATURE George H. Taft, M.D. (Degree or title)				23b. ADDRESS 2204 E. 18th St. K. C. Mo.		23c. DATE SIGNED 5-11-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE May 14, 1955	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Muskogee, Oklahoma		
DATE REC'D BY LOCAL REG. 5-12-55		REGISTRAR'S SIGNATURE Neva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE Walter Lee Tamm		ADDRESS 1st Benton	

(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 emb

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Bruce R. Watkins*

Licensed Embalmer No. *45*

P. O. Address *189 + B*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.