

FILED MAY 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13225

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1588

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY HARRISON. | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. CITY OR TOWN Eagleville | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (In this place) 2 wks | | STREET ADDRESS (If rural, give location) Lake Side | |

| | | | | |
|-------------------------------------|--------------------------|---------------------------------|--------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Hester | b. (Middle) May McCallen | c. (Last) Edwards | 4. DATE OF DEATH (Month) (Day) (Year) 4-12-56 |
|-------------------------------------|--------------------------|---------------------------------|--------------------------|--|

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|----------------------|-------------------------------|--|---------------------------------------|---|---|---|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH NOV. 18, 1883 | 9. AGE (In years last birthday) 72 | 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) Nurse - Retired | 10b. KIND OF BUSINESS OR INDUSTRY PRACTICAL | 11. BIRTHPLACE (City and State or Foreign Country) HARRISON COUNTY MISSOURI | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME hemuel B. Edwards | 13b. MOTHER'S MAIDEN NAME Kathrine McCallen | 14. NAME OF HUSBAND OR WIFE Mrs. Bernice Jones |
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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) _____ | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME Mrs Bernice Jones ADDRESS Eagleville 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 1 1/2 minutes |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolism (Circle of Willis) | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Postoperative Embolism - DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malignancy of B. Ovary Bilateral | | 2 weeks | |

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|------------------------------|---|--|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION See p. 15 | 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? _____ |
|--|--|----------------------------------|

22. I hereby certify that I attended the deceased from **3-21, 1956** to **4-12, 1956**, that I last saw the deceased alive on **4-11, 1956**, and that death occurred at **3:16 p.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE Wm. W. Thompson (Degree or title) D.O. | 23b. ADDRESS 6218 Prospect / 50th | 23c. DATE SIGNED 4-12-56 |
|---|--|---------------------------------|

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|---|------------------------------|--|---|
| 24a. BURIAL CREMATION REMOVAL (Specify) BURIAL | 24b. DATE APR-12-1956 | 24c. NAME OF CEMETERY OR CREMATORY HODGGS CHAPEL CEMETERY | 24d. LOCATION (City, town, or county) (State) EAGLEVILLE, MISSOURI |
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| DATE REC'D BY LOCAL REG. 4-12-56 | REGISTRAR'S SIGNATURE neva Minshall | 25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer ADDRESS 1391 BRUSH CREEK KANSAS CITY, MO. |
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(Licensed Embalmer's Statement on Reverse Side)

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

VS
AUG 27 1959

Robert Ray

Dec 3-71-26

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 *Robert Ray*

Licensed Embalmer No. 418

P. O. Address K. C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.