

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44329

STATE FILE NUMBER

5988

FILED JAN 8 1958

Registration District No. 149 Primary Registration District No. 1022 Registrar's No. 5988

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Trinity Lutheran</b>			Length of stay in lbs <b>38 yrs</b>	d. STREET ADDRESS (If outside, give location) <b>4141 Park Avenue</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Mr. Charles B. Edmonston</b>				4. DATE OF DEATH Month Day Year <b>Dec. 17, 1957</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Feb 22, 1889</b>		9. AGE (In years last birthday) <b>68</b>		
IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Self-employed</b>		11. BIRTHPLACE (City and state or country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Anderson Downey EDMONSTON</b>				14. MOTHER'S MAIDEN NAME <b>Viola Candes Smitzer</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W. W. # 1</b>		16. SOCIAL SECURITY NO. <b>487-07-3606</b>		17. INFORMANT Address <b>Mrs. Elsie Edmonston 4141 Park Ave.</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Vascular Hemorrhage.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Prostate Hypertrophy</u>						INTERVAL BETWEEN ONSET AND DEATH <b>331X</b>		
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION			COUNTY	STATE
21. I attended the deceased from <u>12-15-57</u> to <u>12-17-57</u> and last saw <sup>from</sup> <del>him</del> <sup>him</sup> alive on <u>12-17-57</u> . Death occurred at <u>6:15 4m</u> <del>at 10:15</del> <sup>at 10:15</sup> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Bernell W. Andrews M.D.</u>				22b. ADDRESS <u>4620 Nichols Parkway 15012, Mo</u>		22c. DATE SIGNED <u>12-18-57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>12-19-1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills</b>		23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>			
24. FUNERAL DIRECTOR ADDRESS <b>Stine &amp; McClure Kansas City, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>12-18-57</b>		26. REGISTRAR'S SIGNATURE <u>Norm Marshall</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Bernell W. Andrews

Stein & The Church  
will pick up.

(2)

APR 9 1958

APR 9 1958

U-2-3550

after 1:30

201-7612

John  
4480 P.O.

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 *William M. Turner*

Licensed Embalmer No. *467*

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

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.