

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032645
STATE FILE NUMBER

SEP 16 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4023

300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3405 1/2 E. 27th		d. STREET ADDRESS (If outside, give location) 3405 1/2 E. 27th	
3. NAME OF DECEASED (Type or print) First Richard Middle Cheatem Last Edmondson		4. DATE OF DEATH Month Aug. Day 19 Year 1958	
5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-8-1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Molder American Bushe Shoe Co.		10b. KIND OF BUSINESS OR INDUSTRY Earls Station Ark.	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Gus Edmondson		14. NAME OF HUSBAND OR WIFE Marie Edmondson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 495-01-4021		17. INFORMANT Mrs. Marie Edmondson, 3405 1/2 E. 27th	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Valvular Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertension DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4214			INTERVAL BETWEEN ONSET AND DEATH 4214
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 _____ o.m. _____ p.m.		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Aug. 18-58 to Aug. 19-58 and last saw her/him alive on Aug. 19-58 Death occurred at Aug. 19-58 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE L. V. Miller M.D.		22b. ADDRESS 1211 Paseo	
22c. DATE SIGNED 8-19-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-25-58	
23c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
24. FUNERAL DIRECTOR Badeau, Appleton & Jones, K.C., Mo.		25. DATE RECD. BY LOCAL REG. 8-21-58	
26. REGISTRAR'S SIGNATURE Neva Marshall			



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 Conrado Gladys Bal

Licensed Embalmer No. 4944
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.