

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013934
STATE FILE NUMBER

FILED MAY 13 1959

Registration District No. 172 Primary Registration District No. 5643 H-2-73 Registrar's No. 32

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1. PLACE OF DEATH a. COUNTY LAFAYETTE		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 Freedom		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN KANSAS CITY 3419
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 Mi. West Concordia Mo		Length of stay in 1b 5 MIN	d. STREET ADDRESS (If outside, give location) 2505 WOODLAND
3. NAME OF DECEASED (Type or print) First Donald Middle Van Last Edwards			4. DATE OF DEATH Month May Day 8 Year 1959
5. SEX M	6. COLOR OR RACE 2 Colored	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-14-1906
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHAUFFEUR		10b. KIND OF BUSINESS OR INDUSTRY DRIVING Autos	11. BIRTHPLACE (City and state or country) OFFALON, MO
13a. FATHER'S NAME ARTHUR EDWARDS		13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE MARY EDWARDS
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. Do Not Know	17. INFORMANT Address MARY EDWARDS KANSAS CITY, MO
18. CAUSE OF DEATH (Enter only one cause pertaining to (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1. Crushing injury to chest DUE TO (b) 2. Fr. Left femur 3. Laceration head DUE TO (c) Death was probably due to shock + Reinforced Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Injured in motor car collision			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Motor car collision	
20c. TIME OF INJURY 11:00 p.m. May 8-1959		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) no 40 highway	
20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Concordia Lafayette MO COUNTY STATE	
21. I attended the deceased from after death on 5-9-59 and last saw her/him alive on never Death occurred at about 9:45 P.m. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. Martin M.D. Coroner 3 (Degree or title)		22b. ADDRESS Odessa MO	
22c. DATE SIGNED 5-9-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5/9/59	23c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn	23d. LOCATION (City, town, or county) (State) KANSAS CITY MO
24. FUNERAL DIRECTOR E.S. James ADDRESS Concordia, MO		25. DATE RECD. BY LOCAL REG. 5-10-59	26. REGISTRAR'S SIGNATURE Lutie Gordon Jordan

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MAY 28 1959

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 *me*, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *E. L. James*
Licensed Embalmer No. *2058*
P. O. Address *London*

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.