

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-038348

STATE FILE NUMBER

FILE NO. 1960 149 Primary Registration District No. 1002 Registrar's No. 5065

12/15/60
Beulah Kilmer
Beulah Kilmer
13b

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF Informant
High H. Owens

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		Length of stay in lb 8 yrs.	c. CITY OR TOWN Kansas City Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V. A. Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 6663 College Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Harlan Harlin Paul Edwards			4. DATE OF DEATH Month October Day 8 Year 1960
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-4-30
9. AGE (last birthday) 30		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) T. V. Repairman		10b. KIND OF BUSINESS OR INDUSTRY Electronics	11. BIRTHPLACE (City and state or country) Competition, Mo.
12. CITIZEN OF WHAT COUNTRY U. S.		13a. FATHER'S NAME C. W. Edwards	
13b. MOTHER'S MAIDEN NAME Beulah Kilmer Kilner		14. NAME OF HUSBAND OR WIFE Evelyn Edwards	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes Korean War		16. SOCIAL SECURITY NO. 506-34-7600	17. INFORMANT Evelyn Edwards Address 6663 College
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cerebral hemorrhage			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) ruptured aneurysm, right, middle cerebral artery			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year		
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 Oct. 7, 1960 to Oct. 8, 1960 and last saw ^{her} _{him} alive on _____ Death occurred at 12:10A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) High H. Owens		22b. ADDRESS 152 Union Station	22c. DATE SIGNED 10-8-60
23a. BURIAL, CREMATION, REMOVAL (Specify) removed	23b. DATE 10-8-60	23c. NAME OF CEMETERY OR CREMATORY Hillcrest	23d. LOCATION (City, town, or county) (State) Mountain Grove, Mo.
24. FUNERAL DIRECTOR D. W. Newcomer's Sons	ADDRESS K. C. Mo.	25. DATE RECD. BY LOCAL REG. 10-8-60	26. REGISTRAR'S SIGNATURE H. L. Dwyer

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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

