MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

[redacted]

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 91

STATE FILE NUMBER -61-005615

AMENDED

FILED VS FEB 21 1961

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH

a. COUNTY: JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: INDEPENDENCE — Length of stay in Ib: 1 month

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: INDEP. SAN. (D.O.A.) — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE: MISSOURI b. COUNTY: JACKSON

c. CITY OR TOWN: INDEPENDENCE — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): 9150 WINNER ROAD — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: GURLIE Middle: P. Last: EDWARDS

4. DATE OF DEATH: Month: FEBRUARY Day: 13, Year: 1961

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 8-19-1898

9. AGE (last birthday): 62 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FARMER

10b. KIND OF BUSINESS OR INDUSTRY: FARMING

11. BIRTHPLACE (City and state or country): UNKNOWN

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: WILLIAM EDWARDS

13b. MOTHER'S MAIDEN NAME: EFFIE BOLEN

14. NAME OF HUSBAND OR WIFE: Effie Edwards, Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT Address: Frank Edwards, 8910 Thompson, Indep., Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b):

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. ☐ Yes ☐ N. ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 _____, to _____ and last saw her/him alive on _____

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Hugh H. Dwens Coroner — **22b. ADDRESS**: 152 Winner Station — **22c. DATE SIGNED**: 2-14-61

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL — **23b. DATE**: 2-13-61 — **23c. NAME OF CEMETERY OR CREMATORY**: ---------- — **23d. LOCATION** (City, town, or county) (State): Neosho, Missouri

24. FUNERAL DIRECTOR: GEO.C.CARSON & SONS, INDEPENDENCE, MO. — ADDRESS

25. DATE RECD. BY LOCAL REG.: 2-13-61

26. REGISTRAR'S SIGNATURE: Lance Craig

(Licensed Embalmer's Statement on Reverse Side)

MAR 2 1961

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 Leroy J. Tyler

Licensed Embalmer No. 4941

P. O. Address Independence

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.