

MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-008749

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1408

STATE FILE NUMBER

FILED APR 6 1961

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jackson		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		a. STATE Missouri		b. COUNTY Jackson	
Length of stay in 1b 20 years		c. CITY OR TOWN Kansas City		d. STREET ADDRESS (If outside, give location) 2619 Van Brunt		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2619 Van Brunt		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			Month Day Year	
First Middle Last MRS. RUTH MARSHALL EDGELL			Mar. 20, 1961				
5. SEX Female	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 2-14-1896	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Goldendale, Washington		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Marshall			13b. MOTHER'S MAIDEN NAME Emma B. Thompson		14. NAME OF HUSBAND OR WIFE Sheldon I. Edgell		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Address Sheldon I. Edgell-- 2619 Van Brunt			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)							1 hr.
DUE TO (b)							24 hrs.
DUE TO (c)							6 mos.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e.g., Adenocarcinoma Breast, Pt. With Pulmonary Metastasis, Thyroid Carcinoma)							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 checked="" 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 a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 1959 to 20 March '61 and last saw her alive on 18 March 1961 Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Deceased or wife) Wallace H. Graham, M.D.				22b. ADDRESS 518 Argyle Bldg. J.C. Mo		22c. DATE SIGNED 20 March 61	
23a. BURIAL, CREMATION, REMOVAL (Specify) cremation		23b. DATE 3-22-61	23c. NAME OF CEMETERY OR CREMATORY Elmwood		23d. LOCATION (City, town, or county) (State) Kansas City Mo.		
24. FUNERAL DIRECTOR ADDRESS Melody McGilley-Eylar- 1800 E. Linwood				25. DATE RECD. BY LOCAL REG. 3-20-61		26. REGISTRAR'S SIGNATURE Ruth W. Long	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

Wallace H. Graham, M.D.

Dr. Wallace
Angela B. B.

Mon. 3-5 pm.

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 Clayton J. Wickman

Licensed Embalmer No. 5120

P. O. Address K. C. 9, 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.