

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-027433  
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 146 Primary Registration District No. 4237 Registrar's No. 346

FILED JUL 31 1962

VS 300 Rev. 4/59	DATE AMENDED								
17103									
290032									
3									
4 1									
5 2									
6									
7 1									
8 2									
9 1992									
10									
11									
12 90-0									
13 1-0									

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>JACKSON</b>	b. CITY (If outside corporate limits, give TOWNSHIP only) <b>RAYTOWN</b>	a. STATE <b>Missouri</b>	b. COUNTY <b>JACKSON</b>
c. FULL NAME OF (If NOT in hospital, give location) <b>6225 HUNTER</b>		d. STREET ADDRESS (If outside, give location) <b>6225 HUNTER</b>	
3. NAME OF DECEASED (Type or print) <b>JOSIE EDGMON</b>		4. DATE OF DEATH <b>7-19-62</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-12-1874</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>BOXLEY ARK.</b>
13a. FATHER'S NAME <b>JAMES M. CLARK</b>		13b. MOTHER'S MAIDEN NAME <b>MARTHA JANE (UNK)</b>	14. NAME OF HUSBAND OR WIFE <b>MARKESS L. EDGMON</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT <b>J. D. WILSON 6225 HUNTER</b>
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) <b>Myocardial ischemia, acute + chronic</b>			<b>few minutes</b>
DUE TO (b) <b>Anemia, secondary to chronic hematuria</b>			<b>4 years</b>
DUE TO (c) <b>Bladder (urinary) + R. Kidney carcinoma</b>			<b>unknown</b>
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 checked="" 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. 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 <b>9/30/58</b> to <b>7/19/62</b> and last saw her <sup>her</sup> <del>last</del> alive on <b>7/18/62</b> Death occurred at <b>approx. 11:00 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>T. E. Van Burskirk MD</b>		22b. ADDRESS <b>5246 St. John K.C. Mo</b>	22c. DATE SIGNED <b>7/20/62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>7-20-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>WALNUT GROVE CEM</b>	23d. LOCATION (City, town, or county) (State) <b>BOXLEY ARK.</b>
24. FUNERAL DIRECTOR <b>Sheil's Funeral Home</b>	ADDRESS <b>K.C. Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>7-20-62</b>	26. REGISTRAR'S SIGNATURE <b>Alba L. Craig</b>

USE BLACK INK OR TYPEWRITER RIBBON

**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 John P. Sheil

Licensed Embalmer No. 5070

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.

7-190-68