No. 300
10.48

FILED MAY 23 1949

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

15275

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 3014 Registrar's No. 35

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH**
a. COUNTY: CLAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Liberty
c. LENGTH OF STAY (in this place): 1
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Jackson 48
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 3
d. STREET ADDRESS (If rural, give location): Sherman Hotel 0 1

**3. NAME OF DECEASED** (Type or Print)
a. (First): EDWARD
b. (Middle): LORING
c. (Last): WREN

**4. DATE OF DEATH** (Month) (Day) (Year): APR. 26, 1949

**5. SEX**: MALE
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): MARRIED 1
**8. DATE OF BIRTH**: SEPT. 14, 1880
**9. AGE** (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): FARMER
**10b. KIND OF BUSINESS OR INDUSTRY**: FARM
**11. BIRTHPLACE** (State or foreign country): KINCAID, KANSAS 1
**12. CITIZEN OF WHAT COUNTRY?**: U.S.

**13a. FATHER'S NAME**: FRANK WREN
**13b. MOTHER'S MAIDEN NAME**: MARTHA CALDWELL
**14. NAME OF HUSBAND OR WIFE**: MAUDE WREN

**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.**: 494-12-9266
**17. INFORMANT'S SIGNATURE OR NAME**: Maude Wren, Liberty, Mo. — ADDRESS

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

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Haemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*: 331X

**19a. DATE OF OPERATION**: 0
**19b. MAJOR FINDINGS OF OPERATION**: 0
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): 0
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE): Liberty Cly Mo.
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: 0

22. *I hereby certify that I attended the deceased from* Dec, 1948, *to* April, 1949, *that I last saw the deceased alive on* April 24 1949, *and that death occurred at* 3 P *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Wm H Goodson MD
**23b. ADDRESS**: Liberty Mo
**23c. DATE SIGNED**: APRIL 4-30/49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: April 30, 1949
**24c. NAME OF CEMETERY OR CREMATORY**: Fairview
**24d. LOCATION** (City, town, or county) (State): Liberty Mo.

**DATE REC'D BY LOCAL REG.**: APRIL 30-1949
**REGISTRAR'S SIGNATURE**: Minnie Haynes 64 1
**28. FUNERAL DIRECTOR'S SIGNATURE**: O J Carder Jr. — ADDRESS: Liberty, Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAY 9 REC'D

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 5-21-49

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**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 _____
Student Embalmer

Signed O. J. Barber Jr.

Licensed Embalmer No. 3934

P. O. Address Liberty, 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 this body is not embalmed, fact should be so stated above.