

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 4 1952

State File No. **24449**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. **3364**

1. PLACE OF DEATH
 a. COUNTY **Jackson**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**
 c. LENGTH OF STAY (In this place) **1 year**
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **3340 Indiana Ave**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **Missouri**
 b. COUNTY **Jackson**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**
 d. STREET ADDRESS (If rural, give location) **3340 Indiana Ave** **3568**

3. NAME OF DECEASED
 a. (First) **Edwidge**
 b. (Middle) _____
 c. (Last) **Gagnon**
4. DATE OF DEATH (Month) (Day) (Year) **July 27, 1952**

5. SEX **Female** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) **Widowed** **8. DATE OF BIRTH** **July 15, 1872** **9. AGE** (In years last birthday) **80** **IF UNDER 1 YEAR** Months _____ Days _____ **IF UNDER 14 HRS.** Hours _____ Min. _____

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** (State or foreign country) **Chicago, Ill** **12. CITIZEN OF WHAT COUNTRY?** **USA**

13a. FATHER'S NAME **Aroham Berult (?)** **13b. MOTHER'S MAIDEN NAME** **Don't Know** **14. NAME OF HUSBAND OR WIFE** **George Gagnon**

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'S SIGNATURE OR NAME** **Mrs. D. D. Snodgrass, Kansas City, 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, asthma, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Arteriosclerosis - Coronary Acd.** **INTERVAL BETWEEN ONSET AND DEATH** **2 days**
ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. **DUE TO (b)** **Cholelithiasis** **4 yrs.**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. **Ferility** **4201**

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____ **20. AUTOPSY?** YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ **21e. INJURY OCCURRED WHILE AT WORK** NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from Feb 19, 1950, to July 24, 1952, that I last saw the deceased alive on 24 July, 1952, and that death occurred at 10:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE **W. W. Gable, M.D.** (Degree or title) **23b. ADDRESS** **112 E. 2nd St. No. 100, P.O. Box 100** **23c. DATE SIGNED** **2 July 52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** **24b. DATE** **July 27, 1952** **24c. NAME OF CEMETERY OR CREMATORY** **Concordia Cemetery** **24d. LOCATION** (City, town, or county) (State) **Concordia, Kansas**

DATE REC'D BY LOCAL REG. **7-27-52** **REGISTRAR'S SIGNATURE** **Heraldine Holmes** **25. FUNERAL DIRECTOR'S SIGNATURE** **Jos. A. Butler's Sons, Kansas City, Kansas** **ADDRESS** _____

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Russell W Dennis

Signed.....
Student Embalmer

Licensed Embalmer No. 3462

P. O. Address Kansas City Kansas

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.