

FILED MAR 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8187

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 936

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City	c. LENGTH OF STAY (in this place) 50 Yrs	c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Marys Hospital		STREET ADDRESS (If rural, give location) 49 3243 Gillham Road	

3. NAME OF DECEASED (Type or Print) a. (First) Zoll	b. (Middle) Benjamin	c. (Last) Edgerton	4. DATE OF DEATH (Month) (Day) (Year) March 1 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 10 1883
9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor	10b. KIND OF BUSINESS OR INDUSTRY Garage	11. BIRTHPLACE (City and State or Foreign Country) Bates County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME William Edgerton	13b. MOTHER'S MAIDEN NAME Belle Hazellet	14. NAME OF HUSBAND OR WIFE Edna Edgerton
-----------------------------------------------	----------------------------------------------------	-----------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 487-10-9622	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Edna Edgerton - 3243 Gillham Rd.
-------------------------------------------------------------------------------------------------------------------	-----------------------------------------------	-------------------------------------------------------------------------------------------

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute coronary Thrombosis		
	DUE TO (c) arteriosclerotic Heart Disease		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Heart Disease			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	-------------------------------------------------------------------------------------

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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
----------------------------------------------------	--------------------------------------------------------------------------------------------------------	----------------------------

22. I hereby certify that I attended the deceased from 2-11, 1955 to 3-1, 1955 that I last saw the deceased alive on 3-1, 1955 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Michael Bernreiter M.D.	23b. ADDRESS 436 Professional North 3-2-55	23c. DATE SIGNED
--------------------------------------------------------------------	------------------------------------------------------	------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 4 1955	24c. NAME OF CEMETERY OR CREMATORY Floral Hills	24d. LOCATION (City, town, or county) (State) Kansas City Missouri
------------------------------------------------------------	----------------------------------	-----------------------------------------------------------	------------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. 3.2.55	REGISTRAR'S SIGNATURE new minshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS FLORAL HILLS MEMORIAL CHAPELS K.C. MO
-------------------------------------------	----------------------------------------------	------------------------------------------------------------------------------------------

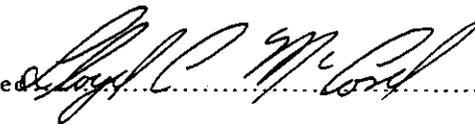
(Licensed Embalmer's Statement on Reverse Side)

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

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 

Licensed Embalmer No. 485

P. O. Address T. C. 7

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.