

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 6 1956

State File No. **20478**
2533
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kansas City)		c. CITY OR TOWN Overland Park	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 7 weeks		e. STREET ADDRESS (If rural, give location) 6115 West 79th Street 81508	
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital			

3. NAME OF DECEASED a. (First) GEORGE		b. (Middle) ALLEN		c. (Last) EDWARDS		4. DATE OF DEATH (Month) (Day) (Year) June 7, 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH January 7, 1895	
9. AGE (In years last birthday) 61		10. MONTHS 1		11. DAYS 1		12. HOURS 11	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired, U. S. Quick Tire Business		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Overland Park, Kansas City, Kansas		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
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13a. FATHER'S NAME Edwin D. Edwards		13b. MOTHER'S MAIDEN NAME Sarah Page		14. WIFE WIFE Vivian Edwards			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I		16. SOCIAL SECURITY NO. 326-05-9842		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Roland Edwards, 9003 E. 67th Terr.			
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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.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Myocardial Infarction		DUE TO (b) Coronary artery atherosclerosis				11 years	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Pulmonary infarction				5 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		abdominal aortic aneurysm (arteriosclerotic)				4201	

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)		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 1945 to June 7, 1956, that I last saw the deceased alive on June 6, 1956, and that death occurred at 3:20 P. m. from the causes and on the date stated above.

23a. SIGNATURE L. F. Steffen (Degree or title)		23b. ADDRESS 1103 Grand Ave K.C. Mo		23c. DATE SIGNED 6-8-56	
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24a. BURIAL CREMATION (REMOVAL) (Specify) Burial		24b. DATE June 9, 1956		24c. NAME OF CEMETERY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Kansas	
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DATE REC'D BY LOCAL REG. 6-9-56		REGISTRAR'S SIGNATURE Irene Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE UND. CO., 3235 Gillham Plaza, K. C. 9, Mo.			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 6 1956

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 *E. D. Tipton*

Licensed Embalmer No. *4817*

P. O. Address *Kansas City*

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.