

FILED JAN 14 1957

THE DIVISION OF HEALTH OF THE STATE OF KANSAS  
STANDARD CERTIFICATE OF DEATH

41447

STATE FILE NUMBER

5594

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>KANSAS</u> b. COUNTY <u>JOHNSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>OLATHE</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. LUKE'S HOSPITAL</u>		Length of stay in hb <u>4 DAYS</u>	d. STREET ADDRESS (If outside, give location) <u>115 N. PINE</u>

3. NAME OF DECEASED (Type or print) First <u>WALTER</u> Middle <u>Smith</u> Last <u>EDGE</u>			4. DATE OF DEATH Month <u>12</u> Day <u>25</u> Year <u>1956</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 7, 1879</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and state or country) <u>Philadelphia, Pa.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Alfred Edge</u>			14. MOTHER'S MAIDEN NAME <u>Emma Smith</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>-</u>		16. SOCIAL SECURITY NO. <u>209-03-9420</u>	17. INFORMANT Address <u>Mrs. Helen Edge, wife 115 N. Pine, Olathe, Kansas</u>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Rupture of Aorta</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u>
DUE TO (b) <u>Myocardial Infarction</u>		<u>74 hours</u>
DUE TO (c) <u>Coronary Thrombosis</u>		<u>76 hours</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>4201</u>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <u>-</u> Month <u>-</u> Day <u>-</u> Year <u>-</u> a. m. <u>-</u> p. m. <u>-</u>		
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 <u>12-22-56</u> to <u>12-25-56</u> and last saw her alive on <u>12-24-56</u> Death occurred at <u>9:50 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>P. L. Byers</u> (Degree or title) <u>M.D.</u>	22b. ADDRESS <u>4635 Wyandotte, R. C. 2nd</u>	22c. DATE SIGNED <u>12-25-56</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>12-25-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Olathe, Johnson County, Ks.</u>
24. FUNERAL DIRECTOR ADDRESS <u>JULIEN FUNERAL HOME, OLATHE, KANSAS</u> <u>Chester L. Flaming, Director</u>		25. DATE RECD. BY LOCAL REG. <u>12-26-56</u>	26. REGISTRAR'S SIGNATURE <u>Reva Minshall</u>

(Licensed Embalmer's Statement on Reverse Side)

300 1-56  
All deaths in Part I must be casually related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. All deaths in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

P. L. Byers

MEDICAL CERTIFICATION

MAR 26 1957

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 *Charles L. Flannery* .....

Licensed Embalmer No. *456*

P. O. Address *Osaka* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.