

FILED MAY 20 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 16708

1987

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. 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>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>—</u>		d. STREET ADDRESS (If rural, give location) <u>2717 PERRY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Leelo-K.C.T.B.</u>		e. CITY (If rural, give location) <u>5180</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOGAN</u> b. (Middle) <u>EDWARD</u> c. (Last) <u>SDYKE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-30-50</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct 30-84</u>
9. AGE (In years last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Canon, Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
13a. FATHER'S NAME <u>Ed Dyke</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie Woman</u>	14. NAME OF HUSBAND OR WIFE <u>—</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harb. Records K.C.M.S.</u> ADDRESS <u>K.C.M.S.</u>
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) <u>PULMONARY TUBERCULOSIS</u>			INTERVAL BETWEEN ONSET AND DEATH <u>002 1/2</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 <u>3-22</u> , 19 <u>50</u> , to <u>4-30</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4-30</u> , 19 <u>50</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>George K. Landis, M.D.</u>		23b. ADDRESS <u>K. C. T. B. Hospital</u>	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>4-30-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Graceland Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Weston Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-30-50</u>		REGISTRAR'S SIGNATURE <u>Deraldine Holmes</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Warrington Funeral Home</u>		ADDRESS <u>Weston Mo.</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed W. R. Vaughan

Signed _____
Student Embalmer

Licensed Embalmer No. 4023

P. O. Address Weston, 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.