

FILED MAR 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 8801  
806 Registrar's No.

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Neb b. COUNTY Douglas			
b. CITY (If outside corporate limits, write RURAL, and give township) Kansas City		c. LENGTH OF STAY (In this place) 12.00		c. CITY (If outside corporate limits, write RURAL and give township) Omaha 8260X			
d. FULL NAME OF HOSPITAL OR INSTITUTION 8112 E 12 <sup>th</sup>				d. STREET ADDRESS (If rural, give location) 2222 Burt St			
3. NAME OF DECEASED (Type or Print) a. (First) EDITH		b. (Middle) MAE		c. (Last) SCHWIND MORRIS		4. DATE OF DEATH (Month) (Day) (Year) 2-18-51	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3		8. DATE OF BIRTH June 28-1917	
9. AGE (In years last birthday) 33		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Sullivan Ind	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Grover C. Willis		13b. MOTHER'S MAIDEN NAME Esther J. Mayfield		14. NAME OF HUSBAND OR WIFE	
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 J. P. Morris 4046 Delaware			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory failure</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>poisoned for barbiturate in fatal amount</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Laboratory analysis pending</u>				INTERVAL BETWEEN ONSET AND DEATH  C9702	
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) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOTEL		21c. (CITY, TOWN, OR TOWNSHIP) 123 (COUNTY) Kansas City Jackson MO. (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2-18-51 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? barbiturate poison			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased <input checked="" type="checkbox"/> alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Hugh B. Owens 3 (Degree or title) Hugh B. Owens 3				23b. ADDRESS 1034 Realty Bldg		23c. DATE SIGNED 2-20-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-20-51		24c. NAME OF CEMETERY OR CREMATORY Forest Lawn Cem.		24d. LOCATION (City, town, or county) (State) Omaha, Neb.	
DATE REC'D BY LOCAL REG. 2-21-51		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Dan G. Kautner 10270			

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.

Signed.....  
Student Embalmer

Student Embalmer No.....  
Signed *Deane B. Lyell*  
Licensed Embalmer No. *4773*  
P. O. Address *KEMO*

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.