

FILED AUG 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23009

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3127

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) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>25 years</u>		d. STREET ADDRESS (If rural, give location) <u>3702 Benton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3702 Benton</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTHE</u> b. (Middle) <u>VAN ZANDT</u> c. (Last) <u>EDEBURN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 22 1951</u>		
---	--	--	--	--	--

5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>August 29, 1867</u>		9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>				11. BIRTHPLACE (State or foreign country) <u>Xenia, Ohio</u>				12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>			

13a. FATHER'S NAME <u>John Van Zandt</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Jane Moore</u>			14. NAME OF HUSBAND OR WIFE <u>Wallace W. Edeburn</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Carie Spalding, 3702 Benton K.C. Mo</u>			
--	--	-------------------------------------	--	---	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL ARTERIOLAR EMBOLUS</u>						<u>1 week</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>AURICULAR FIBRILLATION</u>						<u>Unknown</u>	
		DUE TO (c) <u>ARTERIO SCLEROSIS</u>						<u>Unknown</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>332X</u>	

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 7-16, 1951, to 7-22, 1951, that I last saw the deceased alive on 7-21, 1951, and that death occurred at 8:15 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. W. Hart M.D.</u> (Degree or title)		23b. ADDRESS <u>6305 Brookside Place K.C. Mo.</u>		23c. DATE SIGNED <u>7-22-51</u>	
--	--	---	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 21, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
---	--	--------------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG <u>7-23-51</u>		REGISTRAR'S SIGNATURE <u>Heraldine Holman</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WILKS FUNERAL HOME 2315 Linwood K.C. 3 Mo</u>	
--	--	---	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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 *Chas E. Weeks*

Licensed Embalmer No. *2644*

P. O. Address *12 E. 210*

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.