

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32037**
4632

FILED OCT 15 1953

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 Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Miamell	
c. LENGTH OF STAY (In this place) 12 days		d. STREET ADDRESS (If rural, give location) Rural Route #3	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Edwin		b. (Middle) Walker		c. (Last) TANNER		4. DATE OF DEATH (Month) (Day) (Year) 9-20-53	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 27, 1890		9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Month Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Madison, Virginia		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Beauguard Tanner		13b. MOTHER'S MAIDEN NAME Margaret Kirtley		14. NAME OF HUSBAND OR WIFE Emily Dyer Tanner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 495-07-2246		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Emily Tanner, Miami, Mo. R.R. #3	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis of meninges		DUE TO (b) Metastasis from Carcinoma of SVO much		1 month	
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		3 months	
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.				151X	

19a. DATE OF OPERATION Sept 17 1953		19b. MAJOR FINDINGS OF OPERATION Carcinoma - Metastatic in Meninges		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) KANSAS CITY JACKSON MO.	
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 9-13, 1953, to 9-25, 1953, that I last saw the deceased alive on 9-25, 1953, and that death occurred at 4:30 am., from the causes and on the date stated above.

23a. SIGNATURE E. C. Weiford (Degree or title) MD.		23b. ADDRESS 330 West 47th St. K.C.Mo.		23c. DATE SIGNED 9-25	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-25-53		24c. NAME OF CEMETERY OR CREMATORY Marshall, Missouri	

DATE REC'D BY LOCAL REG. 9-25-53		REGISTRAR'S SIGNATURE Staldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE UND. CO. K.C.MO.	
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(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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Gerald A. Burger

Licensed Embalmer No. 4763

P. O. Address K. C. 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.