

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8550**
Registrar's No. **1223**

BIRTH NO. **FILED APR 7 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Oskaloosa	
c. LENGTH OF STAY (in this place) 3 days		d. STREET ADDRESS (If rural, give location) St Lukes City	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Lukes			
3. NAME OF DECEASED a. (First) Edna		b. (Middle) Anne	
c. (Last) Casebier		4. DATE OF DEATH (Month) (Day) (Year) Mar 18-1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct-6-1862
9. AGE (in years last birthday) 91		10. KIND OF BUSINESS OR INDUSTRY Self	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Housekeeper		11. BIRTHPLACE (State or foreign country) Marshalltown Iowa	
12. CITIZEN OF WHAT COUNTRY U S A		13a. FATHER'S NAME BURTON William Collins Burton	
13b. MOTHER'S MAIDEN NAME Sannah Bice		14. NAME OF HUSBAND OR WIFE —	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. —	
17. INFORMANT'S SIGNATURE OR NAME St Lukes Hosp Records		ADDRESS —	
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) Pulmonary Edema		INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congestive Heart Failure		3 years	
DUE TO (c) Hypertensive & Arteriosclerotic Heart Disease		10 years (known)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ① Lobar Pneumonia ② Secondary Anemia		3 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4:00	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 16 March, 1954 , to 18 March, 1954 , that I last saw the deceased alive on 18 March, 1954 , and that death occurred at 9:15 P. M. , from the causes and on the date stated above.			
23a. SIGNATURE Philip G. Kaul		23b. ADDRESS 411 Nichols Road	
23c. DATE SIGNED 18 March 54			
24a. BURIAL CREMATION (Specify) Burial		24b. DATE Mar 20-54	
24c. NAME OF CEMETERY OR CREMATORY Pleasant View Cem.		24d. LOCATION (City, town, or county) (State) Oskaloosa Kansas	
DATE REC'D BY LOCAL REG. 3-19-54		REGISTRAR'S SIGNATURE Heraldine Smith	
FUNERAL DIRECTOR'S SIGNATURE Superior Funeral Home		ADDRESS Tonganoxie Kansas	

(Licensed Embalmer's Seal on Reverse Side)

APR 7 1954

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.

Student Embalmer No.

Signed.....

C. Hervey Quisenberry

Signed.....
Student Embalmer

Licensed Embalmer No. 4070

P. O. Address Tonganoxie, 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.