

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 JACKSON

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY c. LENGTH OF STAY (in this place) 75 YEARS

c. CITY OR TOWN KANSAS CITY d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 4628 VIRGINIA AVENUE

e. STREET ADDRESS (If rural, give location) 4628 VIRGINIA AVENUE

3. NAME OF DECEASED
a. (First) HELENE b. (Middle) TRIEB c. (Last) EDEM

4. DATE OF DEATH (Month) (Day) (Year) JUNE-11-1954

5. SEX 1
FEMALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED

8. DATE OF BIRTH FEB-13-1892

9. AGE (In years last birthday) 62

IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) RILEY COUNTY KANSAS

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JACOB HELD

13b. MOTHER'S MAIDEN NAME BERTHA ENDRISS

14. NAME OF HUSBAND OR WIFE GEORGE EDEM

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 ADDRESS Miss FRIEDA TRIEB 4629 VIRGINIA AVE. KANSAS CITY, MO.

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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) Arteriosclerosis of cerebral arteries
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
Arteriosclerosis gen.
DUE TO (b)
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
4200

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 30, 1949 to June 11, 1954, that I last saw the deceased alive on June 7, 1954, and that death occurred at 1:50 p.m. from the causes and on the date stated above.

23a. SIGNATURE P. E. Pearson (Degree or title) MD

23b. ADDRESS 1025 Reath Bldg K.C.

23c. DATE SIGNED 6/12/54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE JUNE-14-1954

24c. NAME OF CEMETERY OR CREMATORY FOREST HILL

24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG. 6-14-54

REGISTRAR'S SIGNATURE Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS O.H. Newcomer's Sons 1331-BRUSH CREEK KANSAS CITY, MO.

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.....
Signature of Student Embalmer

Signed *Basil Honey*.....

Licensed Embalmer No. *472*

P. O. Address *P. O. N.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.