

FILED SEP 28 1955

STANDARD CERTIFICATE OF DEATH

State File No. **29711**
3857

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 OR TOWN Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 35 yrs.		STREET ADDRESS (If rural, give location) 350 E. Armour Blvd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Troost Ave. N.H., 2839 Troost			

3. NAME OF DECEASED (Type or Print) Dr. ERIC Gustav EDSTROM			4. DATE OF DEATH Sept. 1, 1955		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 23, 1886	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dentist		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and State or Foreign Country) Carthage, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Mangmus Edstrom		13b. MOTHER'S MAIDEN NAME Augusta		14. NAME OF HUSBAND OR WIFE Lilyan Edstrom	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Jack Edstrom, 350 E. Armour, K. C. Mo.	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart failure		INTERVAL, BETWEEN ONSET AND DEATH Approx. 36 Hrs. 10-15 Yrs. 6 weeks
		ANTECEDENT CAUSES DUE TO (b) Chronic encephalitis. Recent exacerbation. Parkinsonianism DUE TO (c) 15 years duration. Toxicity		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (Inanition associated with B. & C.)		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (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 August 30, 19 55, to Sept. 1, 19 55, that I last saw the deceased alive on Sept. 1, 19 55, and that death occurred at 4:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE Frank J. Koenig M.D. (Degree or title)		23b. ADDRESS 530 Professional Bldg.		23c. DATE SIGNED 9-2-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-3-55		24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
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DATE REC'D BY LOCAL REG. 9-3-55		REGISTRAR'S SIGNATURE Alva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE UND. CO.		ADDRESS K.C. MO.	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Frank J. Koenig

Dr. Travis, Keving
531 Prof. Bldg.
Vi 8118

Eff 4:31

Apr 11 11:00 AM

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 *Elmer D. Jipke*

Licensed Embalmer No. *4817*

P. O. Address *Kansas City*

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.