

FILED AUG 8 - 1956

STANDARD CERTIFICATE OF DEATH

23870
STATE FILE NUMBER 3112

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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|--|------------------------|--|--|
| 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, give TOWNSHIP only) OR TOWN KANSAS CITY | | c. CITY OR TOWN KANSAS CITY 3125 | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL KC, MO. | | d. STREET ADDRESS 1035 BROADWAY | |
| 3. NAME OF DECEASED (Type or print) EDWARD MORAN | | 4. DATE OF DEATH JULY 14, 1956 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 8-29-89 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Flour Mill Worker | | 11. BIRTHPLACE (City and state or country) Chicago, Illinois | |
| 10b. KIND OF BUSINESS OR INDUSTRY DANIELS MILLING COMPANY | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME James Moran | | 14. MOTHER'S MAIDEN NAME Annie Waters | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI | | 16. SOCIAL SECURITY NO. 486-03-4787 | |
| 17. INFORMANT VA Hospital Records, K.C., Mo. | | Address | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema DUE TO (b) Cardiac decompensation DUE TO (c) Acute myocardial infarction PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | INTERVAL BETWEEN ONSET AND DEATH 4201 |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. attended the deceased from July 11, 1956 to July 14, 1956 and last seen alive on July 14, 1956 Death occurred at 8:50 AM m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE L.G. Agee, M.D. L.G. Agee M.D. | | 22b. ADDRESS VA Hospital, Kansas City, Mo. | |
| 22c. DATE SIGNED 7-14-56 | | | |
| 23a. BURIAL CREATION (REMOVAL) SPECIFY BURIAL | | 23b. DATE JULY 18 1956 | |
| 23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY | | 23d. LOCATION (City, town, or county) FT. LEAVENWORTH, KANSAS | |
| 24. FUNERAL DIRECTOR D.W. NEWCOMER SONS KANSAS CITY, MO. | | 25. DATE RECD. BY LOCAL REG. 7-18-56 | |
| 26. REGISTRAR'S SIGNATURE Neva Minshel | | | |

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1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Adrian Jay Still*.....

Licensed Embalmer No. *488*

P. O. Address *W.C., N.C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
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..