

FILED AUG 29 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26906**

**3139**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>43 yrs.</b>	c. CITY OR TOWN <b>Kansas City</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2916 East 35th Street</b>		STREET ADDRESS (If rural, give location) <b>2916 East 35th Street</b>	

3. NAME OF DECEASED (Type or Print) <b>EDWARD</b>	a. (First)	b. (Middle) <b>I.</b>	c. (Last) <b>GORSUCH</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 6, 1956</b>
------------------------------------------------------	------------	--------------------------	-----------------------------	--------------------------------------------------------------

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec 21, 1889</b>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <b>66</b>
-----------------------	----------------------------------	--------------------------------------------------------------------------	-----------------------------------------	-----------------------------------------------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Machinist</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>K.C. Terminal Ry.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Sedalia, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
-------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------	--------------------------------------------------------------------------------	-----------------------------------------------

13a. FATHER'S NAME <b>Edward I. Garsuch, Sr.</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth S. Wessel</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. Belle Garsuch</b>
-----------------------------------------------------	---------------------------------------------------------	----------------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>703-03-8725</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Belle Garsuch, 2916 East 35th, KC. Mo.</b>
-----------------------------------------------------------------------------------------------------------------------	-----------------------------------------------	-------------------------------------------------------------------------------------------------

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>4 mo</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>myelo-malacia</b>		
ANTECEDENT CAUSES		DUE TO (b) <b>Cerebral arteriosclerosis</b> ?	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <b>generalized arteriosclerosis</b> ?	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <b>Chc cystitis</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>357X</b>	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)
------------------------------------------	------------------------------------------------------------------------------------------	-------------------------------------------------

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 Jan, 1955, to aug 6, 1956 that I last saw the deceased alive on aug 6, 1956, and that death occurred at 8:30 pm., from the causes and on the date stated above.

23a. SIGNATURE <b>Wm. R. Jackson</b> (Degree or title)	23b. ADDRESS <b>1107 Bryant Bldg.</b>	23c. DATE SIGNED <b>8/7/56</b>
--------------------------------------------------------	---------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug. 9, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Moriah Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Jackson County, Missouri.</b>
------------------------------------------------------------	----------------------------------	------------------------------------------------------------------	-----------------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <b>8-7-56</b>	REGISTRAR'S SIGNATURE <b>Nevo Minshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Freeman Mortuary, Kansas City, Mo.</b>
-------------------------------------------	-----------------------------------------------	---------------------------------------------------------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

BRYANT BLDG.  
1:30 - 4:30  
TUES

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 *Clayton K Barnes* .....

Licensed Embalmer No. *4793*  
P. O. Address *F. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.