

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30722

STATE FILE NUMBER

FILED OCT 3 1956

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4092

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 4		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY 3818 0		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LYNNMONT NURSING HOME 2702 LINWOOD.			Length of stay in 1b 37 YEARS	d. STREET ADDRESS (If outside, give location) 6134 TRACY AVENUE	
3. NAME OF DECEASED (Type or print) EDITH BELLE HOLLOWAY GRAY			4. DATE OF DEATH SEPT. - 16 - 1956		
5. SEX FEMALE			6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>
8. DATE OF BIRTH 1877			9. AGE (In years last birthday) 78		10. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and state or country) FAIRFAX MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME TILLMAN SETTLES		
14. MOTHER'S MAIDEN NAME MARY JANE M'COY			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 JESSE B. GRAY		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE & CHRONIC PULMONARY EDEMA			INTERVAL BETWEEN ONSET AND DEATH 48 hrs.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) MYOCARDIAL INSUFFICIENCY & FAILURE		8 wks.
			DUE TO (c) GENERALIZED ARTERIO SCLEROSIS 4221		6 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PNEUMONIA; MALNUTRITION - DEHYDRATION; DECUBITII			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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. I attended the deceased from 9-8-56 to 9-15-56 and last saw (her/him) alive on 9-16-56 Death occurred at 9-16-56 - 6:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Lawrence M. Field, M.D.			22b. ADDRESS #515 4620 J. P. Nichols Hwy. L.L. Mo.		22c. DATE SIGNED 9-16-56
23a. BURIAL CREMATION, REMOVAL (Specify) BURIAL		23b. DATE SEPT-19-1956	23c. NAME OF CEMETERY OR CREMATORY HOME CEMETERY		23d. LOCATION (City, town, or county) (State) TARKIO MISSOURI
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS			ADDRESS 1331-BRAUSH CREEK KANSAS CITY MO.		25. DATE RECD. BY LOCAL REG. 9-18-56
26. REGISTRAR'S SIGNATURE Nevada Marshall					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Lawrence M. Field

MEDICAL CERTIFICATION

Health, & Welfare Public Health Service
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.

13. 11. 1941

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 *Chester K Brown*

Licensed Embalmer No.....4

P. O. Address *KP*

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