

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **31832**
4050

FILED SEP 19 1957

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4050

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) Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 39 yrs.		e. STREET ADDRESS (If rural, give location) 8100 Wornall Rd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Armour Home			

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Ephram c. (Last) Edwards			4. DATE OF DEATH (Month) (Day) (Year) August 30, 1957		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH June 22, 1877	9. AGE (In years last birthday) 80	10. F UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stockman		10b. KIND OF BUSINESS OR INDUSTRY Haggart Wilson Co.	11. BIRTHPLACE (City and State or Foreign Country) Jewell City, Kansas		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Edwards		13b. MOTHER'S MAIDEN NAME Anna Cross		14. NAME OF HUSBAND OR WIFE _____	
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. 49-07-8348		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ward Runyan Louisburg, Kansas	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		DUPLICATE OF (a) Arteriosclerotic Heart Disease		Unknown	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. 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.				4200	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 <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 JUNE 1956 to Aug 26, 1957, that I last saw the deceased alive on Aug 26, 1957, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE W. J. Stelmach (Degree or title) MD		23b. ADDRESS 7949 STATE LINE		23c. DATE SIGNED 8/30/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE August 30, 1957		24c. NAME OF CEMETERY OR CREMATORY Wallace Cemetery	
				24d. LOCATION (City, town, or county) (State) Jewell City, Kansas	

DATE REC'D BY LOCAL REG. 8-30-57		REGISTRAR'S SIGNATURE Neve Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ward Runyan Louisburg, Kansas	
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(Licensed Embalmer's Statement on Reverse Side)

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 *Ward B. Runyon*.....

Licensed Embalmer No. *3222*.....

P. O. Address *Fausburg*.....

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.