

FILED JUN 10 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH  
(PHYSICIAN OR CORONER)

STATE FILE NUMBER

124

68 0020647  
3082

## CERTIFICATE OF DEATH

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3082

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. Edward H Vardaman		2. male	3. May 29, 1968
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (MONTH, DAY, YEAR)	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH
4. white	5b. 69	6. March 11, 1899	7. Jackson
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
7b. Kansas City		7d. Trinity Lutheran Hospital	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. Missouri	9. USA	10. married	11. Hazel Glory (Branson) Vardaman
SOCIAL SECURITY NUMBER		KIND OF BUSINESS OR INDUSTRY	
12. 488-03-6863		13. Retired Supply Department Head, Southwestern Bell Telephone Co.	
RESIDENCE—STATE	CITY, TOWN, OR LOCATION	STREET AND NUMBER	
14a. Missouri	14b. Jackson	14c. 500 Gladstone Blvd	
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST	
15. Ernest J. Vardaman		16. Elizabeth Elliott	
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
17a. Mrs. Hazel Vardaman		17b. 500 Gladstone Blvd., Kansas City, Missouri 64124	
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE			
(a) (Probable) ventricular fibrillation			Instant
DUE TO, OR AS A CONSEQUENCE OF:			
(b) Myocardial Infarction			Minutes
DUE TO, OR AS A CONSEQUENCE OF:			
(c) Arteriosclerotic heart disease			6+ yrs
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			AUTOPSY (YES OR NO)
(Ancient) Myocardial infarction, fibrillation 6 yrs			19b. No
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH			19c. No
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a. -	20b. -	20c. M.	20d. -
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION	(STREET OR R.F.D. NO., CITY OR TOWN, STATE)
21a. -	21b. -	21c. -	21d. -
CERTIFICATION—PHYSICIAN:		AND LAST SAW HIM/HER ALIVE ON	DEATH OCCURRED
21b. DECEASED FROM 2/7/66 TO 5/29/68		21c. 5/28/68	21d. Did
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH	THE DECEDENT WAS PRONOUNCED DEAD
22a. -		22b. -	22c. -
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE	DATE SIGNED (MONTH, DAY, YEAR)
23a. Dr. William H. Goodson, Jr.		23b. [Signature]	23c. 5/29/68
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.	CITY OR TOWN
24a. 1322 Professional Bldg., Kansas City, Missouri		24b. -	24c. -
BURIAL, CREMATORY, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN
25a. Burial	25b. Mt. Washington Cemetery	25c. Kansas City, Missouri	25d. -
DATE	FUNERAL HOME—NAME AND ADDRESS	STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP	
26a. June 1, 1968	26b. Stine & Mc Clure	26c. 3235 Gillham Plaza Kansas City, Missouri 64109	
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR
27a. [Signature]		27b. [Signature]	27c. 5-31-68

VS 300  
Rev. 1/68

4.

5. 68

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

80918

PARENTS

17. -

18. 0

19. CREDITS

20.

CAUSE

CERTIFIER

Type or print in  
PERMANENT BLACK INK.  
See handbook for instructions.

Dr. W. M. Macdonald  
1372 Professional C.B.L. 4

### 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 Behan W Macdonald

Licensed Embalmer No. 5078

P. O. Address HC, 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.