KANSAS STATE BOARD OF HEALTH
Division of Vital Statistics

CERTIFICATE OF DEATH

4200

DO NOT WRITE IN THIS SPACE: 55 013891

Birth No. .... OCT 8 - 1955 Registrar's No. 0901

1. PLACE OF DEATH
a. County: Shawnee 890
b. City or Town (If outside corporate limits, write RURAL and give township): Topeka
c. Length of Stay (in this place): 1 yr.
d. Full Name of Hospital or Institution (If not in hospital or institution, give street address or location): 6 State Hospital 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. State: Kansas
b. County: Osage 700
c. City or Town (If outside corporate limits, write RURAL and give township): Rural--Burlingame
d. Street Address (If rural, give location): Stahl Res. RURAL

3. NAME OF DECEASED (Type or Print): a. (First) Edgar b. (Middle) Marian c. (Last) Stahl

4. DATE OF DEATH (Month) (Day) (Year): 9-25-1955

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 12-22-1874
9. AGE (In years last birthday): 80 — If under 1 yr.: Months 9 Days 3 — If under 24 hrs.: Hours Min

10a. Usual Occupation (Give kind of work done during most of working life, even if retired): Farmer
10b. Kind of Business or Industry: Row Crop
11. BIRTHPLACE (State or foreign country): Kansas
12. Citizen of What Country? Am.

13. FATHER'S NAME: Frank M. Stahl
14. MOTHER'S MAIDEN NAME: Jane Dixon

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: Lloyd Stahl

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) Coronary Thrombosis — 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — [illegible]
DUE TO (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.*

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Bronchopneumonia [illegible]

19a. Date of Operation
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ 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 ☐ not while at work ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from ...., 19...., to ...., 19...., that I last saw the deceased alive on ...., 19...., and that death occurred at* 5:40A*m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible signature] M.D.
23b. ADDRESS
23c. Date Signed

24a. Burial, Cremation, Removal (Specify): Burial
24b. Date: 9-27-1955
24c. Name of Cemetery or Crematory: Auburn
24d. Location (City, town, or county) (State): Auburn, Ks.

Date Rec'd by Local Reg.: 9-26-55
Registrar's Signature: [illegible signature]
25. FUNERAL DIRECTOR: John W Carey — ADDRESS: Burlingame