

FILED JUL 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20173

State File No. _____

2656

BIRTH NO. 11039-50 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (In this place) life		d. STREET ADDRESS (If rural, give location) 1600 East 11th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION G GENERAL HOSPITAL #2			

3. NAME OF DECEASED (Type or Print)	a. (First) DWIGHT	b. (Middle)	c. (Last) EDMONDSON	4. DATE OF DEATH (Month) (Day) (Year) MAY 21 1950
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5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE (1)	8. DATE OF BIRTH MAY 19 1950	9. AGE (In years last birthday) # UNDER 1 YEAR Months Days 14 50
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) KANSAS CITY, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME ROBERT EDMONDSON	13b. MOTHER'S MAIDEN NAME Norma Jean Edmondson	14. NAME OF HUSBAND OR WIFE ---
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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'S SIGNATURE OR NAME NORMA JEAN EDMONDSON	ADDRESS 1600 East 11th Street
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) FETAL ATELECTASIS		INTERVAL BETWEEN ONSET AND DEATH 7620
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 5-19-, 1950 to 5-21, 1950, that I last saw the deceased alive on 21, 1950, and that death occurred at 6:20P m., from the causes and on the date stated above.

23a. SIGNATURE OF Frank E. Ely MD (Degree or title)	23b. ADDRESS 600 East 22nd Street	23c. DATE SIGNED 5-22-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 6-16-50	24c. NAME OF CEMETERY OR CREMATORY Leeds Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City Jackson MO
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DATE REC'D BY LOCAL REG. 6-15-50	REGISTRAR'S SIGNATURE Sheraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Wm. A. Schuyler R.C.M.	ADDRESS
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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 _____

Not Embalmed

working under my personal supervision.

Student Embalmer No.

Signed.....

Ann A. Schuyler

Signed.....

Student Embalmer

Licensed Embalmer No. *3089*

P. O. Address *R. 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 this body is not embalmed, fact should be so stated above.