No. 500
10-46

WHITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED AUG 1 - 1957

STANDARD CERTIFICATE OF DEATH

State File No. 24517
3203

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

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Menorah Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 521 East 9th St

3. NAME OF DECEASED (Type or Print)
a. (First): MARY ETTA
b. (Middle): SCHAUB
c. (Last): EDMONSTON

4. DATE OF DEATH (Month) (Day) (Year): July 10, 1957

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb 15, 1899
9. AGE (In years last birthday): 58
If under 1 year: Months | Days
If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machine operator
10b. KIND OF BUSINESS OR INDUSTRY: Clothing
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: not known
13b. MOTHER'S MAIDEN NAME: Minnie Moore
14. NAME OF HUSBAND OR WIFE: Charles L Edmonston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 500 22 4399
17. INFORMANT'S SIGNATURE OR NAME: Charles L Edmonston
ADDRESS: Kansas City, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Intestinal obstruction, due to volvulus, ileal-cecal; carcinoma, sigmoid colon.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): See (a)
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Atelectasis, right middle lobe & pneumonia.

INTERVAL BETWEEN ONSET AND DEATH
Onset: 6-27-57
Death: 7-10-57

1534

19a. DATE OF OPERATION: 7-6-57
19b. MAJOR FINDINGS OF OPERATION: Volvulus & band of adhesion at ileal-cecal region; carcinoma, sigmoid colon.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): None
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: None

22. *I hereby certify that I attended the deceased from* 7-5-57, *19*____, *to* 7-10-57, *19*____, *that I last saw the deceased alive on* 7-10-57, *19*____, *and that death occurred at* 12:35 a m., *from the causes and on the date stated above.*

23a. SIGNATURE I. A. Wien, M.D. (Degree or title)
Irving A. Wien
23b. ADDRESS: 321 Argyle Bldg. Kansas City, 6, Missouri
23c. DATE SIGNED: 6-10-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: July 13, 1957
24c. NAME OF CEMETERY OR CREMATORY: Mt Hope Cem
24d. LOCATION (City, town, or county) (State): Kansas City, Kansas

DATE REC'D BY LOCAL REG.: 7-10-57
REGISTRAR'S SIGNATURE: Vera Minshall
25. FUNERAL DIRECTOR'S SIGNATURE: George Kinney
ADDRESS: K C Ks.

(Licensed Embalmer's Statement on Reverse Side)

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 .....

working under my personal supervision.

Student Embalmer No. .....

Signed George A. Reising

Signed .....
Student Embalmer

Licensed Embalmer No. 4468

P. O. Address K C Ks

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.