FILED MAR 31 1958

THE DIVISION OF HEALTH OF MISSOURI 15770-58

STANDARD CERTIFICATE OF DEATH

58-009913
STATE FILE NUMBER 1245

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

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Mary's Hosp. — Length of stay in Hospital 15 min.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Wyandotte 8150
c. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ] 8
d. STREET ADDRESS (If outside, give location) 3153 W. 44 Terr. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Infant Middle: Roberta Last: Ann Edie

4. DATE OF DEATH Month 3 Day 8 Year 58

5. SEX Female
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ] Infant
8. DATE OF BIRTH 3/8/58
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY Infant
11. BIRTHPLACE (City and state or country) Kansas City, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Edie
13b. MOTHER'S MAIDEN NAME Ruth Corrine Stone
14. NAME OF HUSBAND OR WIFE Not applicable

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. None
17. INFORMANT John Edie Address 3153 W. 44 Terr.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Intrauterine anoxia 36 weeks — INTERVAL BETWEEN ONSET AND DEATH: few minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Sudden demise of mother post mortem
DUE TO (c) cerebellar ataxia (maternal)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 7699

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 2
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3-8-58 to 3-8-58 and last saw her/him alive on 3-8-58
✓ Death occurred at 10:05 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A B Sinclair Jr. (Degree or title) MD
22b. ADDRESS 920 W. 47th St.
22c. DATE SIGNED 3.8.58

23a. BURIAL, CREMATION, REMOVAL Removal
23b. DATE 3/9/58
23c. NAME OF CEMETERY OR CREMATORY Monroe Cemetery
23d. LOCATION (City, town, or county) (State) Ludlow, Missouri

24. FUNERAL DIRECTOR Stine & McClure ADDRESS 3235 Gillham Pl. K. C. Mo.
25. DATE RECD. BY LOCAL REG. 3-8-58
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc: must use only standard nomenclature in Part I. No symptoms will be accepted. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

A.B.Sinclair, Jr

Health, Welfare Public Service

300 -57

No. 1-223

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 William M. Turnb

Licensed Embalmer No. 4648

P.O. Address Kansas City, 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.