

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033447  
STATE FILE NUMBER

FILED OCT 14 1958 Registration District No. 167 Primary Registration District No. 3040 Registrar's No. 231

1. PLACE OF DEATH a. COUNTY Livingston			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Wyandotte		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City, Kans.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chillicothe Hospital		Length of stay in 1b 36 hrs.	d. STREET ADDRESS (If outside, give location) 503 E Lathrop		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Marvin Waldo Edmonds			4. DATE OF DEATH Month Day Year Oct. 5 1958		
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 3, 1914	9. AGE (In years at birthday) 44	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) Dairy equipment Salesman		10b. KIND OF BUSINESS OR INDUSTRY Dairy	11. BIRTHPLACE (City and state or country) Kans.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Ralph Edmonds		13b. MOTHER'S MAIDEN NAME Dont Know		14. NAME OF HUSBAND OR WIFE Norma Le e Edmonds	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Dont know		16. SOCIAL SECURITY NO. 509-18-0545	17. INFORMANT William Trapp Address 3312 Kimball Ave Kansas City, Kans.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock - Senere					INTERVAL BETWEEN ONSET AND DEATH 36 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Rupture of Spleen			
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Ran into back of a truck			
20c. TIME OF INJURY 12:30 p.m. Oct. 4 58		20d. PLACE OF INJURY (e.g., in or about home, farm, store, street, office bldg., etc.) Washington Street			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Chillicothe		COUNTY Livingston	STATE Mo
21. I attended the deceased from Death occurred at 809 A on Oct. 4 58, to Oct. 5 58 and last saw him alive on Oct 4 58 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Joseph A. Coura			22b. ADDRESS Chillicothe, Mo		22c. DATE SIGNED Oct. 5 58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Oct - 5 - 58	23c. NAME OF CEMETERY OR CREMATORY Fulton Funeral Home		23d. LOCATION (City, town, or country) (State) K. b. Kans.
24. FUNERAL DIRECTOR Carl M Keeny		ADDRESS Chillicothe		25. DATE RECD. BY LOCAL REG. Oct - 5 - 58	26. REGISTRAR'S SIGNATURE Frances B. Neill

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

OCT 20 1958

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 *Carl M. Keeney* .....

Licensed Embalmer No. *3517* .....

P. O. Address. *6. Hillcotha* .....

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.