

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8620**
987

FILED MAR 18 1954

BIRTH MO. _____		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>002</u>	Registrar's No. _____
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>8 months</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Troost Ave. Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>830 Sandusky</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ashby</u> b. (Middle) <u>F</u> c. (Last) <u>Edmonds</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 4, 1954</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 24, 1881</u>	9. AGE (In years last birthday) <u>72-72</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter & Paper Hanger</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bates City Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Robert George Edmonds</u>		13b. MOTHER'S MAIDEN NAME <u>Kite</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Mamie Edmonds</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>513-09-02938</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Marvin K. Edmonds 3004 Hiawatha, K.C.Ks.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis & Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>4-5 years?</u> <u>331 X</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from <u>11-28-53</u> , 19 <u>53</u> , to <u>3-4</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>3-1-</u> , 19 <u>54</u> , and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE <u>E. Robert Nigro</u> (Degree or title) <u>MD MD</u>		23b. ADDRESS <u>1222 McJee KC Mo</u>		23c. DATE SIGNED <u>3-5-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>March 6, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Kansas</u>
DATE REC'D BY LOCAL REG <u>3-5-54</u>		REGISTRAR'S SIGNATURE <u>Heraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Floral Hills Chapel K.C.Ks.</u>

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed D Ross Blanford

Licensed Embalmer No. 4015

P. O. Address K E 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.