

FILED JUN 1 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16472

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <b>KNOX</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>KNOX</b>	
b. CITY OR TOWN <b>EDINA</b>		c. CITY OR TOWN <b>EDINA</b>	
c. LENGTH OF STAY (in this place) <b>4 weeks</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>GIBSON HOSPITAL</b>			
3. NAME OF DECEASED a. (First) <b>GEORGE</b> b. (Middle) <b>HUNTER</b> c. (Last) <b>EDMONDS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 24 - 1954</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>AUG. 10 - 1906</b>
9. AGE (In years) (Months) (Days) <b>47 9 14</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>INSURANCE AGENT</b>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>INSURANCE</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>BILLINGS - OKLAHOMA</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>GEORGE M. EDMONDS</b>		13b. MOTHER'S MAIDEN NAME <b>MAUDE HUNTER</b>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>0</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>MRS. MARGARET WAYC</b>		ADDRESS <b>EDINA, MO.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Medullary Failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Various degrees</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		<b>6 weeks</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Increased Intracranial Pressure</b>	
DUE TO (b) <b>Brain Tumor (Glioblastoma Multiforme)</b>		<b>6 months</b>	
DUE TO (c) <b>Pulmonary Hypertension &amp; Congestion (left)</b>		<b>26 years</b>	
19a. DATE OF OPERATION <b>4-14-54</b>		19b. MAJOR FINDINGS OF OPERATION <b>Brain Tumor (compression) Malignant</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>None</b>	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>Edina Knox, Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>None</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>None</b>		<b>193 X</b>	
22. I hereby certify that I attended the deceased from <b>Jan. 30</b> , 19 <b>50</b> , to <b>May 24</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>May 24</b> , 19 <b>54</b> and that death occurred at <b>7:24 a.m.</b> , from the causes and on the date stated above.			
23. SIGNATURE <b>Paul C. Krieger</b> (Degree or title) <b>D.D. 9195</b>		23b. ADDRESS <b>Edina Missouri</b>	
23c. DATE SIGNED <b>5-28-54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BORIAL</b>		24b. DATE <b>5-26-54</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>LINVILLE CEMETARY</b>		24d. LOCATION (City, town, or county) (State) <b>Edina Missouri</b>	
DATE REC'D BY LOCAL REG. <b>May-25-54</b>		REGISTRAR'S SIGNATURE <b>15</b> <b>Paul C. Krieger</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul C. Krieger</b>		ADDRESS <b>Edina Mo.</b>	

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 Paul C. Kriegshauser

Licensed Embalmer No. 4085

P. O. Address China 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.