

FILED JUL 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **22101**

BIRTH NO. 42,194-51		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 754
1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) 2 days		
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 8117		
		d. STREET ADDRESS (If rural, give location) 716 Faraon Street		
3. NAME OF DECEASED (Type or Print)		a. (First) Lynda	b. (Middle) Jean	c. (Last) Edds
4. DATE OF DEATH		(Month) July	(Day) 15	(Year) 1951
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH July 13-1951
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours Min.
2				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME DR. Millard G. Edds		
13b. MOTHER'S MAIDEN NAME Billie Jean Turk		14. NAME OF HUSBAND OR WIFE none		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Dr. Millard G. Edds. ADDRESS 716 Faraon St.
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Primary Atelectasis		INTERVAL BETWEEN ONSET AND DEATH 43 hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gross prematurity		DUE TO (c) Maternal premature labor.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 7625			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 3PM 7/13, 1951 , to 7-15, 1951 , that I last saw the deceased alive on 7/15, 1951 , and that death occurred at 10:10am. , from the causes and on the date stated above.				
23a. SIGNATURE H. C. Williamson M.D. (Degree or title)		23b. ADDRESS St. Joseph, Mo.		23c. DATE SIGNED 7/16/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 17-1951	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.	
DATE REC'D BY LOCAL REG. July 19, 1951	REGISTRAR'S SIGNATURE Carl C. Cash	25. FUNERAL DIRECTOR'S SIGNATURE Walter Hweikoff	ADDRESS St. Joseph, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

NOT
Raymond W. Southern

Licensed Embalmer No. 4413

P. O. Address St. Joseph, Missouri.

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.