WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 11 1953

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 28593

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4069

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Research Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Brown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Horton
d. STREET ADDRESS (If rural, give location): 200 East 14th. Street

8150 8

**3. NAME OF DECEASED** (Type or Print)
a. (First): Katherine
b. (Middle): ~~[illegible]~~
c. (Last): Edmonds

**4. DATE OF DEATH** (Month) (Day) (Year): August 15, 1953

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: January 18-1911
**9. AGE** (In years last birthday): 42 ~~[illegible]~~ — 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): Housework
**10b. KIND OF BUSINESS OR INDUSTRY**: At Home
**11. BIRTHPLACE** (City and State or Foreign Country): Horton, Kansas
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: J. J. Lindsay
**13b. MOTHER'S MAIDEN NAME**: Josephine McNerney
**14. NAME OF HUSBAND OR WIFE**: Dr. G.M. Edmonds (Husband)

**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'S SIGNATURE OR NAME** — ADDRESS: Dr. G. M. Edmonds, Horton, Kansas

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosis of Left Internal Carotid Artery — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* None

332-X

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES [XX] NO [ ]

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
**21f. HOW DID INJURY OCCUR?**

**22.** *I hereby certify that I attended the deceased from* Aug 13, 1953, *to* Aug 15, 1953, *that I last saw the deceased alive on* Aug. 15, 1953, *and that death occurred at* 4:00 P m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: Carl R. Ferris (Degree or title) MD
**23b. ADDRESS**: Kansas City, Missouri
**23c. DATE SIGNED**: 8/17.1953

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: 8/17/1953
**24c. NAME OF CEMETERY OR CREMATORY**: St. Leo's Cemetery
**24d. LOCATION** (City, town, or county) (State): Horton, Kansas

**DATE REC'D BY LOCAL REG.**: 8-17-53
**REGISTRAR'S SIGNATURE**: Geraldine Smith
**25. FUNERAL DIRECTOR'S SIGNATURE** — ADDRESS: Jos. A. Butler's Sons, Kansas City, Kansas

(Licensed Embalmer's Statement on Reverse Side)

DEC 14 1966

APR 10 1961

## 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.....

Licensed Embalmer No. 3426 Missouri

P. O. Address Kansas City 2, Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.