

FILED FEB 14 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 212

BIRTH NO. 377-55 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 117

|   |                        |   |   |
|---|------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY Buchanan   |                        | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY Buchanan    |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph   |                        | c. CITY OR TOWN St. Joseph  |   |
| c. LENGTH OF STAY (in this place) Life  |                        | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hosp.  |                        | No. STREET ADDRESS (If rural, give location) 106 Smith St. 0117 0   |   |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) STEPHEN b. (Middle) LEE c. (Last) EDWARDS   |                        |   | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 28, 1955 |
| 5. SEX Male   | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married  | 8. DATE OF BIRTH Jan. 27, 1955                      |
| 9. AGE (In years last birthday) 1   |                        | 10. IF UNDER 1 YEAR Months Days 1   |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none  |                        | 10b. KIND OF BUSINESS OR INDUSTRY Infant  |   |
| 11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Mo.  |                        | 12. CITIZEN OF WHAT COUNTRY? USA  |   |
| 13a. FATHER'S NAME Guy E. Edwards   |                        | 13b. MOTHER'S MAIDEN NAME Delores J. Brundige   |   |
| 14. NAME OF HUSBAND OR WIFE none  |                        |   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no   |                        | 16. SOCIAL SECURITY NO. none  |   |
| 17. INFORMANT'S SIGNATURE OR NAME Guy E. Edwards  |                        | ADDRESS 106 Smith St., St. Joseph, Mo.  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br>MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Atelectasis<br>INTERVAL BETWEEN ONSET AND DEATH 1 day<br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.<br>ANTECEDENT CAUSES<br>DUE TO (b) Pre-maturity five months.<br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |                        |   |   |
| 19a. DATE OF OPERATION  |                        | 19b. MAJOR FINDINGS OF OPERATION  |   |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |                        | 76025   |   |
| 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) (Minute)  |                        | 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 1/27, 1955, to 1/28, 1955, that I last saw the deceased alive on 1/28, 1955, and that death occurred at 2:50 P.M., from the causes and on the date stated above.   |                        |   |   |
| 23a. SIGNATURE (Degree or title) <i>Walter W. H. ... M.D.</i>   |                        | 23b. ADDRESS Tootie Building St. Joseph, Missouri   |   |
| 23c. DATE SIGNED 1/31/55  |                        |   |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial  |                        | 24b. DATE Jan. 29/55  |   |
| 24c. NAME OF CEMETERY OR CREMATORY City Cemetery  |                        | 24d. LOCATION (City, town, or county) (State) St. Joseph Mo   |   |
| DATE REC'D BY LOCAL REG. Feb 7, 1955  |                        | REGISTRAR'S SIGNATURE 485- <i>Kathleen M. Allison</i>   |   |
| 25. FUNERAL DIRECTOR'S SIGNATURE <i>Barry Funeral Home</i>  |                        | ADDRESS St. Joseph  |   |

(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.....  
Signature of Student Embalmer

Signed *Victor J Barry*.....

Licensed Embalmer No..... *4*

P. O. Address *S. T. Jorg*.....

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.