No. 300
10-48

FILED SEP 7 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26142

BIRTH NO. 56665-55 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3673

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): 2 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST MARY'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: KANSAS
b. COUNTY: WYANDOTTE
c. CITY OR TOWN: KANSAS CITY
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 1606 LAFAYETTE AVE

3. NAME OF DECEASED (Type or Print)
a. (First): SHERRY
b. (Middle): —
c. (Last): EDWARDS

4. DATE OF DEATH (Month) (Day) (Year): AUG 19 - 1955

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): INFANT
8. DATE OF BIRTH: 8-17-1955
9. AGE (In years last birthday): IF UNDER 4 YEARS Months / Days 2; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INFANT
10b. KIND OF BUSINESS OR INDUSTRY: INFANT
11. BIRTHPLACE (City and State or Foreign Country): ST MARY'S HOSP. K.C. MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: NEIL EDWARDS
13b. MOTHER'S MAIDEN NAME: NINA IRWIN
14. NAME OF HUSBAND OR WIFE: — INFANT

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 ADDRESS: SYLVIA BUCKNER 1606 LAFAYETTE

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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	ASPHYXIA	
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)	NEO-NATAL ASPHYXIA	2 days
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	cause unknown	7610

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ 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* 8-17-, 1955, *to* 8-19, 1955, *that I last saw the deceased alive on* 8-19, 1955, *and that death occurred at* 1:20 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr Leo A O'Brien M.D.
23b. ADDRESS: 1002 argyle K.C. Mo 30 6 E 12
23c. DATE SIGNED: 8-19-55

24a. BURIAL, CREMATION, REMOVAL (Specify): ~~BURIAL~~ REMOVAL
24b. DATE: 8-20-55
24c. NAME OF CEMETERY OR CREMATORY: MAPLE HILL CEMETERY
24d. LOCATION (City, town, or county) (State): KANSAS CITY, KANSAS

DATE REC'D BY LOCAL REG.: 8-20-55
REGISTRAR'S SIGNATURE: Neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Katie Daniels Parrott 1536 MINNESOTA AVE.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Leo A. O'Brien

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Geo F Porter

Licensed Embalmer No. 36

P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.