

FILED FEB 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1984

BIRTH NO. 583142-50 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>WINCOLN</u> <u>0080</u>	
c. LENGTH OF STAY (In this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Curtis</u>		b. (Middle) <u>Dee</u>	
c. (Last) <u>Edmonds</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 26 1950</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Baby</u>	8. DATE OF BIRTH <u>JAN. 24, 1950</u>
9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 2 YEARS Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>BABY</u>	11. BIRTHPLACE (State or foreign country) <u>Pettis County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Harold Edmonds</u>		13b. MOTHER'S MAIDEN NAME <u>Dorothy Burkhardt</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Harold Edmonds</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxia Neonatorum</u> ANTECEDENT CAUSES DUE TO (b) <u>Atelectasis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Left Femoral Artery Occlusion</u>	
18. INTERVAL BETWEEN ONSET AND DEATH <u>32 1/2 hrs</u> <u>32 1/2 hrs</u> <u>76 27</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		21. ACCIDENT SUICIDE HOMICIDE (Specify)
21a. 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 <u>1-24</u> , 1950, to <u>1-26</u> , 1950, that I last saw the deceased alive on <u>1-26</u> , 1950, and that death occurred at <u>2:35 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J M Rodiman M.D.</u>		23b. ADDRESS <u>219 1/2 S Ohio Sedalia Mo</u>	
23c. DATE SIGNED <u>1-27-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>JAN 27, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WINDSOR</u>	
24d. LOCATION (City, town, or county) (State) <u>WINDSOR, MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Betty Yeager Deputy 251 John Z Reser Lincoln Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-27-50</u>		REGISTRAR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

8040

RECEIVED, FEB 6

District Health Officer No. 8,

District File Number.....

Date Filed 2-10-50

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 John F. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.