

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

12383

FILED APR 16 1949

State File No. ....

1301

BIRTH NO. ....		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>20 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City,</b>		<b>48</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4400 St. John Dameron Rest Home</b>				d. STREET ADDRESS (If rural, give location) <b>1207 Benton Blvd.,</b>			
3. NAME OF DECEASED (Type or Print) <b>Clara</b>		a. (First)		b. (Middle)		c. (Last) <b>Eslick</b>	
4. DATE OF DEATH <b>3/21/49</b>		(Month)		(Day)		(Year)	
5. SEX <b>Fem /</b>		6. COLOR OR RACE <b>Wh</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Wid.</b>		8. DATE OF BIRTH <b>4/21/1877</b>	
9. AGE (In years last birthday) <b>71</b>		IF UNDER 1 YEAR Months <b>21</b>		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>--</b>		11. BIRTHPLACE (State or foreign country) <b>Kansas City, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>US</b>							
13a. FATHER'S NAME <b>Scott Taylor</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Morton</b>		14. NAME OF HUSBAND OR WIFE <b>Raymond Eslick</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Sadie Crutsinger, 1207 Benton Blvd</b>			
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) <b>Acute heart failure</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Myocardial insufficiency</b> DUE TO (c) <b>Coronary sclerosis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hyperpiesia &amp; senility</b>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 <b>March 4, 1949</b> , to <b>March 19, 1949</b> , that I last saw the deceased alive on <b>March 19, 1949</b> , and that death occurred at <b>9 P. M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>J.S. Van Wye</b>		(Degree or title)		23b. ADDRESS <b>315 Wirthman Blvd</b>		23c. DATE SIGNED <b>3/22/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3/23/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Washington</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>3-22-49</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>John P. Sheil, Kansas City, Mo.</b>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

48  
3  
8  
4

Wirthman Bldg., 31st & Troost,  
After 1 P M Lo 3314

### 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 P. Steel*

Licensed Embalmer No. *3625*

P. O. Address *66 mo.*

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.