

FILED MAY 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1968

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> <u>4X</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> <u>0</u> <u>0</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> <u>3</u> <u>2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>		d. STREET ADDRESS (If rural, give location) <u>3217 Cleveland</u> <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eason</u>		b. (Middle) <u>C.</u>	
		c. (Last) <u>McCall</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>5</u> <u>4</u> <u>1949</u>			
5. SEX <u>Fe</u> /	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u>	8. DATE OF BIRTH <u>12-8-1870</u>
9. AGE (In years last birthday) <u>78</u>		<u>0</u> <u>0</u> <u>0</u>	<u>0</u> <u>0</u> <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u>	11. BIRTHPLACE (State or foreign country) <u>Chicago, Illinois</u> /
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>James Carter</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Lowe</u>	14. NAME OF HUSBAND OR WIFE <u>Wm. Grant McCall</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>XX</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>L.C. McCall, Houston, Texas</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary infarction bilateral</u> ANTECEDENT CAUSES DUE TO (b) <u>Pulmonary artery thrombosis</u> DUE TO (c) <u>Coronary artery occlusion</u> <u>4201</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Interstitial myocardial fibrosis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	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>May 4</u> , 19 <u>49</u> , to <u>54</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>May 4</u> , 19 <u>49</u> , and that death occurred at <u>11:50 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Wm. W. Hart</u> (Degree or title)		23b. ADDRESS <u>Med. Dir. Gen'l Hosp.</u>	23c. DATE SIGNED <u>5-5-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>5-6-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Superior, Nebraska</u>
DATE REC'D BY LOCAL REG. <u>5-5-49</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. W. Wagner N.C. Mo.</u>	

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

Mr. H. H. H. H.

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 _____

Basil V Honey Student Embalmer No. *301*
working under my personal supervision.

Signed *Basil V Honey*
Student Embalmer

Signed *Alvin R. Hunschke*
Licensed Embalmer No. *4159*
P. O. Address *Kansas City*

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.