

FILED JAN 27 1951

STANDARD CERTIFICATE OF DEATH

State File No. 1289  
164

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 147 PRIMARY REG. DIST. NO. 1002 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>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b> 3548	
c. LENGTH OF STAY (In this place) <b>64 YEARS</b>		d. STREET ADDRESS (If rural, give location) <b>3129 GARFIELD AVENUE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3129 GARFIELD AVENUE</b>			

3. NAME OF DECEASED (Type or Print) <b>EUGENE</b>	a. (First) <b>EUGENE</b>	b. (Middle) <b>O.</b>	c. (Last) <b>SAIGHMAN SR.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 11-1951</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>AUG-15-1879</b>	9. AGE (In years last birthday) <b>71</b>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED-21YRS. OWNER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>SAIGHMAN FURNITURE</b>	11. BIRTHPLACE (State or foreign country) <b>LATHROP MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>J. W. SAIGHMAN</b>	13b. MOTHER'S MAIDEN NAME <b>LUCY A. WHITAKER</b>	14. NAME OF HUSBAND OR WIFE <b>MRS. MYRTLE M. SAIGHMAN</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>494-16-7227<sup>NO</sup></b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. MYRTLE M. SAIGHMAN</b> ADDRESS <b>3129 GARFIELD KANSAS CITY, MO</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hem -</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>(ant. Scler. general -</b>		
	DUE TO (c) <b>esied.)</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>331</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 **31 July, 1947**, to **11 Jan, 1951**, that I last saw the deceased alive on **11 Jan, 1951** and that death occurred at **2:00 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Robert M. Myers</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>1025 Alialta</b>	23c. DATE SIGNED <b>12 Jan 51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>JAN. 15-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. MORIAN CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>1-12-51</b>	REGISTRAR'S SIGNATURE <b>Seraldine Holman</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>H. Newcomer's Sons</b> ADDRESS <b>1351 BRUSH CREEK KANSAS CITY, MO.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

11-4-50

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.