

FILED MAR 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4731

Registrar's No. 581

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1005		Registrar's No. 581	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Jackson		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City,		a. STATE Missouri		b. COUNTY Jackson	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City,		d. FULL NAME OF HOSPITAL OR INSTITUTION 4012 East 11 St.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City,		d. STREET ADDRESS (If rural, give location) 4012 East 11 St. 3198	
3. NAME OF DECEASED				4. DATE OF DEATH		5. SEX	
a. (First) Daniel		b. (Middle) Howard		c. (Last) Esler		6. COLOR OR RACE Male White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid.		8. DATE OF BIRTH Mar 20 1887		9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	
11. BIRTHPLACE (State or foreign country) Red Cloud Nebraska		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Martin Van Buren Esler		13b. MOTHER'S MAIDEN NAME Elizabeth Aull	
14. NAME OF HUSBAND OR WIFE Mary Etta Esler		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs Alma Douglas; 4012 East 11 St K.C.Mo.	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension Heart Muscle + Arteriosclerosis. DUE TO (c) _____		About 6 Mo	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Parkinsonism						4/20'	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 Jan 19 1951, to Feb 7 1951, that I last saw the deceased alive on Feb 6 1951, and that death occurred at 4 P.M., from the causes and on the date stated above.							
23a. SIGNATURE Ralph Perry (Degree or title)				23b. ADDRESS 4800 East 24		23c. DATE SIGNED Feb 7 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 9 1951		24c. NAME OF CEMETERY OR CREMATORY Mt Washington		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 2-8-51		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Mrs C.L. Forster 918 Brooklyn K.C.Mo.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

Be 5-949

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 _____

.....
working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed.....

Don Clark

Licensed Embalmer No.

4216

P. O. Address.....

J. C. 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.