

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37262

State File No.

4998

FILED DEC 15 1951
BIRTH NO. 611-34-51 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>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>11 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>5318 Agnes</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital #2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>(Infant)</u>		b. (Middle) <u>Eastman</u>	
c. (Last) <u>Eastman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-24-51</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>9-22-51</u>
9. AGE (In years last birthday) <u>2</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u></u> Hours <u></u> Min. <u></u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u></u>
11. BIRTHPLACE (State or foreign country) <u>Kansas City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>America</u>	
13a. FATHER'S NAME <u>--</u>		13b. MOTHER'S MAIDEN NAME <u>Eastman, Ida</u>	
14. NAME OF HUSBAND OR WIFE <u>--</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>--</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ida Eastman</u>		ADDRESS <u>5318 Agnes</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary atelectasis with congestion and interstitial hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES <u>and interstitial hemorrhage</u>			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) <u></u>			
DUE TO (c) <u></u>			
II. OTHER SIGNIFICANT CONDITIONS* <u>Generalized visceral congestion.</u>			
*Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u></u>		19b. MAJOR FINDINGS OF OPERATION <u></u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u></u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u></u>			
22. I hereby certify that I attended the deceased from <u>9-22-51</u> , 19 <u>51</u> , to <u>9-24-51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>9-21-51</u> , 19 <u>51</u> , and that death occurred at <u>3:50 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>E. Frank Ellis, MD</u>		23b. ADDRESS <u>600 East 22nd Street</u>	
23c. DATE SIGNED <u>9-31-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>11-21-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Linds</u>		24d. LOCATION (City, town, or county) (State) <u>15C, Jackson MO</u>	
DATE REC'D BY LOCAL REG. <u>11-22-51</u>		REGISTRAR'S SIGNATURE <u>Heraldine Helms</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Helen M. Romney</u>		ADDRESS <u>15C MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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10525

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

Not Embalmed

working under my personal supervision.

Student Embalmer No.

Signed

Wm A Johnson

Signed.....

Student Embalmer

Licensed Embalmer No. *3089*

P. O. Address *W E 5th*

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.