

37263

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 15 1951

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5214

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| 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 township) <u>Kansas City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Hickman Mills</u> | |
| c. LENGTH OF STAY (In this place) <u>6 weeks</u> | | d. STREET ADDRESS (If rural, give location) <u>6215 Longview Road</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Irene</u> b. (Middle) <u>B.</u> c. (Last) <u>EATON</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 3, 1951</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>12-10-91</u> | 9. AGE (In years last birthday) <u>59</u> | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Employee</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Paseo HS Cafeteria</u> | 11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

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| 13a. FATHER'S NAME <u>Chas. H. Burri</u> | 13b. MOTHER'S MAIDEN NAME <u>Amelia Seaman</u> | 14. NAME OF HUSBAND OR WIFE <u>Wilfred H. Eaton</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Alice E. McKnight</u> | ADDRESS <u>6215 Longview Rd.</u> |
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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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral with perforation</u> | | <u>Hours</u> |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Invasion of liver & stomach</u> DUE TO (c) <u>Pancreas</u> | | <u>Months</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cachexia</u> | | <u>Months</u> | |

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| 19a. DATE OF OPERATION <u>July</u> | 19b. MAJOR FINDINGS OF OPERATION <u>Primary Carcinoma of Prostate - bilateral impotency</u> | 20. AUTOPSY? YES <input checked="" 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) _____ |
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| 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? _____ |
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22. I hereby certify that I attended the deceased from 12:30 to 1:13, 1951, that I last saw the deceased alive on 12/3, 1951, and that death occurred at 1:20 m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>J. W. Hallberg</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>3130 Kansas Blvd.</u> | 23c. DATE SIGNED _____ |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>12-6-51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u> | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>12-5-51</u> | REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody-McGilley-Eylar</u> | ADDRESS <u>Kansas City, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADEING BLACK INK--MAKE A PERMANENT RECORD

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.....

[Handwritten Signature]
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.