

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18004

State File No.

FILED MAY 21 1953

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2328

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>	
b. CITY (If outside corporate limits, write RURAL, and give town) OR TOWN <u>Kansas City,</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City,</u> <u>8150</u>	
c. LENGTH OF STAY (in this place) <u>2 Days</u>		d. STREET ADDRESS (If rural, give location) <u>1055 Ella Ave.</u> <u>8</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Marys Hospital K.C.Mo.</u>			

3. NAME OF DECEASED (Type or Print)		a. (First) <u>Charley</u>		b. (Middle) <u>Lee</u>		c. (Last) <u>Eidson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 4, 1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 23, 1883</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <u>69</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Him Self</u>			11. BIRTHPLACE (State or foreign country) <u>Keytesville, Missouri</u> <u>0</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>Charley Eidson</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Colman</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Leota Eidson</u>	
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 ADDRESS <u>Mrs. Maxine Rhodes 1055 Ella Ave. K.C.Ks.</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* <u>Right coronary arterio solerosis with thrombus - Myocardial infarct.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5-7 days</u>	
*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 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Generalized arteriosclerosis</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>4201</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) 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 4-28-53 1953, to 5-4- 1953, that I last saw the deceased alive on 5-4- 1953, and that death occurred at 10:00a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Nicolas Jaime M.D.</u>		23b. ADDRESS <u>4050 Broadway</u>		23c. DATE SIGNED <u>5-5-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-6-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Hill</u>	
				24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>	

DATE REC'D BY LOCAL REG. <u>5-5-53</u>		REGISTRAR'S SIGNATURE <u>Sheralding Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Echternacht FUNERAL HOME 1218 QUINDARO BLVD. KANSAS CITY 2, KANSAS</u>	
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WRITE PLAINLY—USING UNFADING 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

Licensed Embalmer No. 3035

P. O. Address

Note: -The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.