

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22492

State File No.

FILED JUN 30 1953

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 6-962 Registrar's No. 44

0830

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

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>	
c. LENGTH OF STAY (in this place) <u>4 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>221 North 3rd St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>West side of Bear Lake</u>		e. CITY OR TOWN <u>Atchison</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Harry</u>	b. (Middle) <u>H.</u>	c. (Last) <u>Eberly</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 21 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 21, 1901</u>	9. AGE (In years) (last birthday) <u>51</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery Store</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Harve Eberly</u>	13b. MOTHER'S MAIDEN NAME <u>Ella Taylor</u>	14. NAME OF HUSBAND OR WIFE <u>Wilma Eberly</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>514306705</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wilma Eberly</u>	ADDRESS <u>Atchison, Kansas</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4/201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 Nov. 17, 1947, to June 21, 1953, that I last saw the deceased alive on June 21, 1953 and that death occurred at 6:30P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas. S. Brady MD</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Atchison Kans.</u>	23c. DATE SIGNED <u>6/22/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6/21/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Concepcion Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Atchison Kansas</u>
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DATE REC'D BY LOCAL REG. <u>6-21-53</u>	REGISTRAR'S SIGNATURE <u>Alphia Rollins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. Dyer</u>	ADDRESS <u>Atchison, Kan.</u>
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MAR 7 1961

VS APR 22 1960

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

J. M. Syer

Licensed Embalmer No. 4320

P. O. Address Atchison, Kan.

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.