

FILED MAY 6 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12039

State File No. 1748

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

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS b. COUNTY JOHNSON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 3 HOURS	c. CITY OR TOWN MERRIAM		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION LAKESIDE HOSPITAL			e. STREET ADDRESS (If rural, give location) 5648 KNOX 8158		
3. NAME OF DECEASED (Type or Print) a. (First) ALVA b. (Middle) EUGENE c. (Last) EIDSON			4. DATE OF DEATH (Month) (Day) (Year) APRIL 16 1954		
5. SEX 0 MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH July 5, 1898		9. AGE (In years last birthday) 55
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONSULTING ENGINEER	10b. KIND OF BUSINESS OR INDUSTRY NELSON BROS. & CO. INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY KANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME (Professional) ALONZO EIDSON		13b. MOTHER'S MAIDEN NAME GRACE F. CHERREY		14. NAME OF HUSBAND OR WIFE ALMA M. EIDSON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) YES WORLD WAR I		16. SOCIAL SECURITY NO. 487-03-8739	17. INFORMANT'S SIGNATURE OR NAME Mrs. ALMA M. EIDSON ADDRESS 5648 KNOX MERRIAM, KS		
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		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Failure			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Coronary Occlusion DUE TO (c) Coronary Artery Sclerosis			40 min		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophic Cardiomyopathy			1 yr		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION 4201		
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)		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 4-16, 1954, to 4-16, 1954, that I last saw the deceased alive on 4-16, 1954, and that death occurred at 3:30 P. m., from the causes and on the date stated above.					
23a. SIGNATURE John E. Linville (Degree or title)			23b. ADDRESS 25 E. 12th		23c. DATE SIGNED 4-16-54
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE APR 19 1954	24c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
DATE REC'D BY LOCAL REG 4-19-54		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE J. T. Newcomer ADDRESS 1371 BRUSH CREEK KANSAS CITY, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

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**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.....  
Signature of Student Embalmer

Signed.....  
*Robert E. Heron*

Licensed Embalmer No.....  
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P. O. Address.....  
*K. E. Moore*

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.**  
**If this body is not embalmed, fact should be so stated above.**