

FILED OCT 4 1954

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

30563

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4187</u>				
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u>				b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>			c. LENGTH OF STAY (In this place) <u>8 yrs</u>		c. CITY OR TOWN <u>Kansas City</u>		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 <u>2711 Harrison</u>				e. STREET ADDRESS (If rural, give location) <u>115 2711 Harrison</u>				<u>3428</u>		
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Verna</u>		b. (Middle) <u>C.</u>		c. (Last) <u>Easter.</u>			
					4. DATE OF DEATH		(Month) (Day) (Year) <u>8-31-54</u>			
5. SEX <u>fe</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>9-15-06</u>		9. AGE (In years last birthday) <u>47</u>		
						IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>practical nurse</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>nursing</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry H. Wilcox</u>			13b. MOTHER'S MAIDEN NAME <u>Julia E. Murrel</u>			14. NAME OF HUSBAND OR WIFE <u>Dr. Henry E. Easter</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>49 5-24-3131</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Henry E. Easter</u>				ADDRESS <u>2711 Harrison</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH		
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Portal Obstruction</u>						<u>24 hrs.</u>		
		ANTECEDENT CAUSES								
		DUE TO (b) <u>Carcinoma of Liver (metastatic)</u> DUE TO (c) <u>Carcinoma of Pancreas</u>						<u>2 mos.</u>		
		II. OTHER SIGNIFICANT CONDITIONS								
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Abdominal Ascites</u>						<u>2 mos.</u>		
19a. DATE OF OPERATION <u>6 July 54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Pancreas.</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>Kansas City, Mo., Jackson Mo.</u>						
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?						
22. I hereby certify that I attended the deceased from <u>26 March, 1954</u> to <u>30 Aug, 1954</u> , that I last saw the deceased alive on <u>30 Aug, 1954</u> and that death occurred at _____ m., from the causes and on the date stated above.										
23a. SIGNATURE <u>Wallace H. Graham, M.D.</u>				23b. ADDRESS <u>578 Argyle Bldg.</u>			23c. DATE SIGNED <u>31 Aug 54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>cremation</u>		24b. DATE <u>9-2-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Crematorium</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>				
DATE REC'D BY LOCAL REG. <u>9-1-54</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Warnick-Custer-Eads KCK&amp;NS.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed *M. M. Lewis*

Licensed Embalmer No. *350*

P. O. Address *Kelso*

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.