

FILED OCT 20 1954

STANDARD CERTIFICATE OF DEATH.

33870

State File No. _____

4544

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 MISSOURI		b. COUNTY Macon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 20 days		c. CITY OR TOWN ETHEL	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		STREET ADDRESS None		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) a. (First) SYLVESTER			b. (Middle) (NMI)			c. (Last) EITEL			4. DATE OF DEATH (Month) (Day) (Year) September 27, 1954				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH February 23, 1897			9. AGE (In years last birthday) 57		IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming				10b. KIND OF BUSINESS OR INDUSTRY Agriculture				11. BIRTHPLACE (City and State or Foreign Country) Ethel, Missouri				12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME Joseph H. Eitel			13b. MOTHER'S MAIDEN NAME Lucy Robinson			14. NAME OF HUSBAND OR WIFE Deceased FAY					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes WW I			16. SOCIAL SECURITY NO. None			17. INFORMANT'S SIGNATURE OR NAME VA Hospital Official Records, K. C. Mo.			ADDRESS		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p><i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Glioblastoma of brain						193 X	
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c) Cardiovascular accident							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA		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 Sept. 7, 1954, to Sept. 27, 1954, and that death occurred at 4:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE J. E. COCHRAN, M.D.		23b. ADDRESS VA Hospital, Kansas City, Mo.		23c. DATE SIGNED 9-27-54	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Sept. 28, 1954		24c. NAME OF CEMETERY OR CREMATORY BELL CEMETERY	
24d. LOCATION (City, town, or county) (State) EMMAER MISSOURI					

DATE REC'D BY LOCAL REG. 9-28-54		REGISTRAR'S SIGNATURE Neva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE (Address) 1331 BROWN AVE. NEWCAMBIO KANSAS CITY, MISSOURI	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Mr. [unclear]
200

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.....
Clay V. Carr

Licensed Embalmer No. 4930

P. O. Address K.C. 10, Mo.

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.