

FILED JAN 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43279**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. **6014**

1. PLACE OF DEATH
a. COUNTY **JACKSON**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **MISSOURI** b. COUNTY **JACKSON**

b. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN **KANSAS CITY**

c. CITY OR TOWN **KANSAS CITY**

d. Is Residence within limits of a city or incorporated town?
Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **100 East 30th Street**

STREET ADDRESS (If rural, give location) **100 East 30th Street** **3448**

3. NAME OF DECEASED
a. (First) **Robert** b. (Middle) **E.** c. (Last) **Eader**

4. DATE OF DEATH (Month) (Day) (Year)
12-30-1954

5. SEX **Male** 6. COLOR OR RACE **white**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
widowed 2

8. DATE OF BIRTH **Aug. 8, 1873**

9. AGE (In years last birthday) **81**
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)
Retired

10b. KIND OF BUSINESS OR INDUSTRY
laborer

11. BIRTHPLACE (City and State or Foreign Country)
Missouri

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
Charles Eader

13b. MOTHER'S MAIDEN NAME
Elinore Dodsman

14. NAME OF HUSBAND OR WIFE
unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
489-22-5051A

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Charles Turney-Deputy Coroner

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) **Arteriosclerotic Heart Disease**
INTERVAL BETWEEN ONSET AND DEATH _____

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause lost. 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. **4200**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
natural

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE **Hugh H. Owens** (Degree or title)

23b. ADDRESS **1038 Quail Blde**

23c. DATE SIGNED **12-31-54**

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE **12-31-54**

24c. NAME OF CEMETERY OR CREMATORY **Forest Hill**

24d. LOCATION (City, town, or county) (State)
Kansas City, Missouri

DATE REC'D BY LOCAL REG
12-31-54

REGISTRAR'S SIGNATURE
neva minshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
QUIRK & TOBIN-20 W. Linwood, K.C. Mo

WRITE PLAINLY—USING UNFAADING 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

Forrest D. Coldenow

Licensed Embalmer No. *4714*

P. O. Address *K. C. 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.