

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 6 1955

State File No. 36823

4974

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 Jackson	
b. CITY (If outside corporate limits, write RURAL and give town or township) Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 50 yrs		e. STREET ADDRESS (If rural, give location) 325 South Lawn	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			

30780

3. NAME OF DECEASED (Type or Print) a. (First) Arthur b. (Middle) F c. (Last) Eichman			4. DATE OF DEATH (Month) (Day) (Year) Nov. 15, 1955		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 5, 1874	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days 0 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Pres. of Eichman Machine Co.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) New York, New York	
13a. FATHER'S NAME Bernhardt M. Eichman			13b. MOTHER'S MAIDEN NAME Augusta Bordecker		14. NAME OF HUSBAND OR WIFE Edna B. Eichman

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. 190-34-5915		17. INFORMANT'S SIGNATURE OR NAME Edna Eichman		ADDRESS 325 S. Lawn Kansas City, Mo.	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Cerebral Thrombosis				2 weeks	
ANTECEDENT CAUSES		DUE TO (b) Atherosclerotic Cerebral Vessels				years	
		DUE TO (c)				332x	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Hypostatic Pneumonia				2 days	
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)		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 10-30, 1954, to 11-14, 1955, that I last saw the deceased alive on 11-14, 1955, and that death occurred at 8:28p m., from the causes and on the date stated above.

23a. SIGNATURE Robert L. Ward, M.D.		(Name or title)		23b. ADDRESS 4126 St. John		23c. DATE SIGNED 11-15-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 17, 1955		24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 11-17-55		REGISTRAR'S SIGNATURE Neve Minisball		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stine & McClure Und Co. Kansas City, Mo.			

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

Post 3119
4126 St John
11-12
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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... *E. D. Frazier*

Licensed Embalmer No. 481

P. O. Address *Franklin City*

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.