

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **4608**
864

No. 300
10.48
FILED MAR 14 1956

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 township) OR TOWN 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) 5604 GARFIELD AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL			

3. NAME OF DECEASED (Type or Print) EDITH BLANCHE BAYERL			4. DATE OF DEATH (Month) (Day) (Year) FEB-25-1956		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH APRIL 9-1888		9. AGE (In years last birthday) 67
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) JOHNSON Co. KANSAS	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME GEORGE W. ECCLES	13b. MOTHER'S MAIDEN NAME SARAH CATHERINE DENNIS	14. NAME OF HUSBAND OR WIFE FRANK BAYERL
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS. FRANCES ENNESS	ADDRESS 5604 GARFIELD KANSAS CITY, MO.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral metastases of (c)		INTERVAL BETWEEN ONSET AND DEATH 2 mo.
	ANTECEDENT CAUSES Ascribed conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Breast.		3 yrs ago
	DUE TO (c)		170 XF
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pathological fractures both hips, spine, ribs, at humeri			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Pathological fractures at rt femur & at humeri	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 1955	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR Fall down steps at home

22. I hereby certify that I attended the deceased from **April**, 19**53**, to **February**, 19**56**, that I last saw the deceased alive on **Feb 25**, 19**56**, and that death occurred at **2:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Harry B. Overesch (Degree or title) M.D.	23b. ADDRESS 600 Prof. Bldg, K.C. Mo.	23c. DATE SIGNED 2-27-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Feb. 27 1956	24c. NAME OF CEMETERY OR CREMATORY MT. MORIAN CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
DATE REC'D BY LOCAL REG. 2-27-56	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer ADDRESS 1331 BRUSH CREEK KANSAS CITY, 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 *Albert L. Savage*.....

Licensed Embalmer No. *487*.....

P. O. Address *James*.....

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.