

FILED MAR 26 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1068

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Gen'l Hosp. #1</b>		d. STREET ADDRESS (If outside, give location) <b>701 Woodland</b>	

3. NAME OF DECEASED (Type or print) First <b>Joseph</b> Middle <b>Anthony</b> Last <b>Eimer</b>			4. DATE OF DEATH Month <b>1</b> Day <b>17</b> Year <b>1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>1-12-1957</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR: Months <b>5</b> IF UNDER 24 HRS.: Days <b>5</b> Hours <b>1</b> Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Kansas City, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13. FATHER'S NAME <b>Raymond Eimer</b>		14. MOTHER'S MAIDEN NAME <b>Florence M. Klimaczek</b>		

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Raymond Eimer</b>	Address <b>701 Woodland</b>
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral embolus hemorrhage and atelectasis</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>7600</b>			

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY: a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from **Jan. 12, 1957** to **Jan. 17, 1957** and last saw **him** alive on **Jan. 17, 1957**  
Death occurred at **2 : 39 A.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>R. A. Burns, M.D.</b>	22b. ADDRESS <b>24th &amp; Cherry</b>	22c. DATE SIGNED <b>1-17-1957</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>3-6-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Felds</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City MO</b>
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24. FUNERAL DIRECTOR <b>R. M. A. Johnson</b>	ADDRESS <b>NE MO</b>	25. DATE RECD. BY LOCAL REG. <b>3-7-57</b>	26. REGISTRAR'S SIGNATURE <b>neva minshall</b>
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, or other person certifying to the cause of death must be satisfied that the death was due to natural causes. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

B. I. Burns

MEDICAL CERTIFICATION

7-21-5-1

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 Not Embalmed, Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed J. M. A. [Signature]  
Licensed Embalmer No. 30

Licensed Embalmer No. 30

P. O. Address SC

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.