

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17043

FILED MAY 29 1957

STATE FILE NUMBER

2183

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

S. 300
v. 1-57

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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Joseph Hospital		Length of stay in lb 30 yrs.	d. STREET ADDRESS (If outside, give location) 1025 East 76th Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MELWORD Middle LOGAN Last EAKINS			4. DATE OF DEATH Month May Day 9 Year 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH December 9, 1905
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tractor Driver		10b. KIND OF BUSINESS OR INDUSTRY General Motors	9. AGE (In years last birthday) 51 IF UNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) Cado County, Okla.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Eakins		13b. MOTHER'S MAIDEN NAME Gertrude Hartman	
14. NAME OF HUSBAND OR WIFE Naomi M Eakins		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW2	
16. SOCIAL SECURITY NO. 487-0963604		17. INFORMANT EAKINS Address Naomi Hartman, 1025 E. 76th	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Degeneration Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Old Coronary Thrombosis DUE TO (c) Coronary atherosclerosis			INTERVAL BETWEEN ONSET AND DEATH 6 mo. 5 yrs. 5 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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 Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> OR NOT WHILE 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 July 5, 1951 to May 9, 1957 and last saw her alive on May 8, 1957 Death occurred at 11 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John K. Caldwell MD (Degree or title)		22b. ADDRESS Kansas City, Mo.	22c. DATE SIGNED 5/10/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 11, 1957	23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Mo
24. FUNERAL DIRECTOR Melody-McGilley-Eylar, KC, Mo.		25. DATE RECD. BY LOCAL REG. 5-10-57	26. REGISTRAR'S SIGNATURE Neva Marshall

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
John K. Caldwell

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

JUN 5 1957

KP 2

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 

Licensed Embalmer No. 2999

P. O. Address KC

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.