

Health, Welfare
Public Service

300
-57

All diseases in Part I must be causally related.

Jack B. Brains, USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

FILED AUG 1 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24515
STATE FILE NUMBER
3060

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 3060

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 Menorah Hosp.		Length of stay in lb 35 yrs	d. STREET ADDRESS (If outside, give location) 5803 South Benton		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First HAROLD Middle Whitman Last EASTER			4. DATE OF DEATH Month July Day 1 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 Sept. 22, 1901	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Foreman		10b. KIND OF BUSINESS OR INDUSTRY Postlewait Glass Co.	11. BIRTHPLACE (City and state or country) Summerfield, Kansas		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Henry S. Easter		13b. MOTHER'S MAIDEN NAME Isa P. Young		14. NAME OF HUSBAND OR WIFE Sophia K. Easter	
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. 487-10-1149	17. INFORMANT Address Sophia K. Easter 5803 South Benton		
18. CAUSE OF DEATH (Enter only one cause per line or (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage DUE TO (b) Suppurative Cardio-Vascular DUE TO (c) Arteriosclerosis - Venereal PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH 260h
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 <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 June 3-57 and last saw her alive on July 1-57 Death occurred at home on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Jack B. Brains, M.D.		22b. ADDRESS 1103 Grand Ave		22c. DATE SIGNED July 1	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-3-1957	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		23d. LOCATION (City, town, or county) (State) Hickman Mills, Mo.
24. FUNERAL DIRECTOR Mellody - McGilley-Eylar Funeral Home		ADDRESS 1800 E. Linwood, K. C., MO.		25. DATE RECD. BY LOCAL REG. 7-2-57	26. REGISTRAR'S SIGNATURE Neva Minisbell

1800 E. Linwood, K. C., MO. (Licensed Embalmer's Statement on Reverse Side)

D. B. Bues
Prof. Bles
Ba 1-09

12:30

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 *James W. Wair*

Licensed Embalmer No. *4650*

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.