

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036420
STATE FILE NUMBER

FILED OCT 23 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4682

300
-57

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo 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 3321 Forest		Length of stay in 1b 50 yrs.	d. STREET ADDRESS (If outside, give location) 3321 Forest		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last ELIZA W. HEROD			4. DATE OF DEATH Month Day Year Oct. 2, 1958		
5. SEX Female	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 May 22, 1877	9. AGE (In years last birthday) 81
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Wayne County, Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Moses Upchurch		13b. MOTHER'S MAIDEN NAME Harriet Grimes		14. NAME OF HUSBAND OR WIFE John E. Herod	
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. None	17. INFORMANT Address Mrs. Iva Gloe - 9400 E. 68th - Raytown, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of Liver primary</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>ascites</i> DUE TO (c) <i>Pneumonia</i>					INTERVAL BETWEEN ONSET AND DEATH <i>6 yrs.</i> <i>6 mos.</i> <i>4 days</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>1-10</i>	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2				
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 <i>Aug. 7, 1958</i> to <i>Oct. 2, 1958</i> and last saw her alive on <i>Oct. 1, 1958</i> Death occurred at <i>7:30 P.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Glen Bradbury D.O.</i>			22b. ADDRESS <i>Bonnor Springs, Kans.</i>		22c. DATE SIGNED <i>10-3-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>10-6-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Floral Hills Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Raytown, Mo</i>	
24. FUNERAL DIRECTOR <i>1800 Linwood</i> <i>Melody-McGille-Eylar Funeral Home</i>			25. DATE RECD. BY LOCAL REG. <i>10-4-58</i>	26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>	

All diseases in Part I must be causally related.

Glen Bradbury USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION

M. Glen Bradley

YS AUG 31 1959



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 *Melvin Porteau*

Licensed Embalmer No. *4903*
P. O. Address *15 Chms*

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.