

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039926

STATE FILE NUMBER

5239

NOV 19 1958

Registration District No. 149

149

Primary Registration District No. 1002

1002

Registrar's No.

5239

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>		Length of stay in lb <u>20 years</u>	d. STREET ADDRESS (If outside, give location) <u>3102 Paseo</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>EARL</u> Middle <u>G</u> Last <u>EAST</u>			4. DATE OF DEATH Month <u>November</u> Day <u>4</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 15 1901</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>maintenance man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hotel</u>	11. BIRTHPLACE (City and state or country) <u>Smithville Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Joseph T East</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Porter</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha East</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>312-10-9477</u>		17. INFORMANT Address <u>Mrs Bertha East - 3102 Paseo K.C. Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive heart failure</u> DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) <u>2 1/2 mo</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Deafness Mellitus</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Aug 15 (2 1/2 mo)</u>
19. WAS AUTOPSY PERFORMED? i 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 <u>a.m.</u> Month, Day, Year <u>p.m.</u>					
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 <u>7/3/58</u> to <u>11/4/58</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>11/4/58</u> Death occurred at <u>9:45</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Robert W. Hamill</u> (Degree or title)		22b. ADDRESS <u>Kansas City Mo</u>		22c. DATE SIGNED <u>11/5/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov 6, 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Second Creek Cemetery</u>	
		23d. LOCATION (City, town, or county) (State) <u>Pinkville Missouri</u>			
24. FUNERAL DIRECTOR <u>Kelba Funeral Home</u>		ADDRESS <u>2315 Pinewood</u>		25. DATE RECD. BY LOCAL REG. <u>11-5-58</u>	
		26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>			

MEDICAL CERTIFICATION  
ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Robert W. Hamill

All diseases in Part I must be causally related.

462092  
1130-5  
912020  
264

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 *Chas E Wilks* .....

Licensed Embalmer No. *2644* .....  
P. O. Address *R. 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.