

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040106

STATE FILE NUMBER

5222

FILED NOV 19 1958 Registration District No. 149 Primary Registration District No. 1005 Registrar's No.

S. 300
1-57 0

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		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MENORAH. Hosp		d. STREET ADDRESS (If outside, give location) 3950 MERCIER	
Length of stay in 1b 50 YRS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last EILEEN ALLISON MOSELEY			4. DATE OF DEATH Month Day Year Nov 3 1958			
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH JUNE 18-1899		9. AGE (In years less birthday) 59	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Floor lady		10b. KIND OF BUSINESS OR IND. EST. OR PROP. L.A.B.		11. BIRTHPLACE (City and state or country) Toronto Canada.		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Jess Isenhour		13b. MOTHER'S MAIDEN NAME MARY A. DALY		
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or years of service) NO NONE		16. SOCIAL SECURITY NO. 493-22-2932		
17. INFORMANT MARY JACKSON		Address 3950 Mercier				

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic pulmonary carcinoma		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Primary of the breast		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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"/> 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
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21. I attended the deceased from 4-16-56 to 11-3-58 and last saw her alive on 11-3-58
Death occurred at 11 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE O. J. Prutz M.D.	22b. ADDRESS 701 E. 63rd St. K. C. Mo.	22c. DATE SIGNED 11-4-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE Nov 5-1958	23c. NAME OF CEMETERY OR CREMATORY FOREST HILL	23d. LOCATION (City, town, or county) KANSAS CITY	(State) Mo
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24. FUNERAL DIRECTOR Eates Funeral Home Kan City Kan	ADDRESS	25. DATE RECD. BY LOCAL REG. 11-4-58	26. REGISTRAR'S SIGNATURE neva minshall
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(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
O. J. Prutz



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 *Paul R. Williamson*

Licensed Embalmer No. *5009*

P.O. Address *Overland Park*

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.