

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-044379

STATE FILE NUMBER

5511

FILED DEC 18 1958

Registration District No. 149 Primary Registration District No. 1002

Registrar's No.

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Menorah Hospital</b>		d. STREET ADDRESS <b>3701 Broadway</b>	
3. NAME OF DECEASED (Type or print) First <b>Eva</b> Middle <b>—</b> Last <b>Scarritt</b>		4. DATE OF DEATH Month <b>Nov.</b> Day <b>19,</b> Year <b>1958</b>	
5. SEX <b>F.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 28, 1872</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	11. BIRTHPLACE (City and state or country) <b>Chicago Ill.</b>
13a. FATHER'S NAME <b>James Case</b>		13b. MOTHER'S MAIDEN NAME <b>—</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		17. INFORMANT <b>Mr. Nathan Scarritt, Jr. - 3632 Locust</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Cerebral arteriosclerosis</b>		<b>4 yrs approx</b>	
DUE TO (c) <b>Syncopeal attack (unknown etiology)</b>		<b>4 days</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. <b>331+</b>		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 a.m. p.m.		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>Nov. 16, 1958</b> , to <b>Nov. 19, 1958</b> and last saw her alive on <b>Nov. 18, 1958</b> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <b>11-20-58</b>	
22a. SIGNATURE <b>L. F. Steffen M.D.</b> (Degree or title)		22b. ADDRESS <b>1103 Grand Ave. Mo.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11/21/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt Washington</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City Mo.</b>
24. FUNERAL DIRECTOR <b>Stine &amp; McClure</b> ADDRESS <b>K. V. Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>11-21-58</b>	26. REGISTRAR'S SIGNATURE <b>Neve Marshall</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

L.F. Steffen

All diseases in Part I must be causally related.



01. 2-8-80  
Dr. Stephens  
will occur this  
after 2:00.

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 *Eugene L. ...*

Licensed Embalmer No. 4633  
P. O. Address R. C. Mc...

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.