

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-001276

STATE FILE NUMBER

91

FILED JAN 21 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar No.

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>General Hospital</b>		Length of stay in lb <b>"25 years</b>	d. STREET ADDRESS (If outside, give location) <b>1300 Penn, Apt. 140</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>MR. Doyle</b> Middle Last <b>Eades</b>			4. DATE OF DEATH Month <b>January</b> Day <b>6,</b> Year <b>1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 26, 1891</b>		9. AGE (In years last birthday) <b>66</b> IF UNDER 1 YEAR: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done or a part of it) <b>Sheet Metal Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Sheet Metal Shop</b>	11. BIRTHPLACE (City and state or country) <b>Trenton, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>James E. Eades</b>		13b. MOTHER'S MAIDEN NAME <b>Elsie I. Dowell</b>		14. NAME OF HUSBAND OR WIFE <b>Elsie Eades</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>YES 1914-1915</b>		16. SOCIAL SECURITY NO. <b>511-10-1999</b>	17. INFORMANT <b>Huntington Ak., California</b> <b>Doris Shields (dau.) 2720 Randolph</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>Pending Autopsy carcinoma of floor</b>				INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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? <b>143</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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. _____					
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 <b>10-30-59</b> to <b>1-6-59</b> and last saw her/him alive on <b>1-6-59</b> Death occurred at <b>1:15 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Abraham Gelpert</b>			22b. ADDRESS <b>K.C. Law Hosp.</b>		22c. DATE SIGNED <b>1-7-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>Jan. 7, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Edgewood</b>		23d. LOCATION (City, town, or county) (State) <b>Chillicothe, Missouri</b>
24. FUNERAL DIRECTOR <b>Stine &amp; McCure Und. Co., K.C., Missouri</b>		ADDRESS		25. DATE RECD. BY LOCAL REG. <b>1-7-59</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Minshel</b>

All diseases in Part I must be causally related.

Abraham Gelpert in M.D. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JAN 26 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 Behan W Meeker, Student Embalmer No. 569 working under my personal supervision.

Student

Behan W Meeker

Signature of Student Embalmer

Signed

Doan

Licensed Embalmer No. 5010

P. O. Address

Kansas City, 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.