

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-005522  
STATE FILE NUMBER

FILED FEB 17 1959

Registration District No. 149 Primary Registration District No. 1002 Registration No. 481

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) 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>Trinity Lutheran</b>		Length of stay in lb <b>15 Yrs</b>	d. STREET ADDRESS <b>3032 Walnut</b> (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>LILLIAN</b> Middle <b>STEELE</b> Last <b>EBERT</b>			4. DATE OF DEATH Month <b>1</b> Day <b>24</b> Year <b>1959</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</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>Nov. 19 1891</b>		9. AGE (In years last birthday) <b>67</b> IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done for the most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Domestic</b>	11. BIRTHPLACE (City and state or country) <b>Centralia, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A</b>
13a. FATHER'S NAME <b>Unknown Lindsay</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Chris Ebert</b>	
15. WAS DECEASED EVER IN U. S. ARMY, NAVY, AIR FORCE, MARINE CORPS, OR COAST GUARD (If yes, give branch of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>496 01 0168A</b>	17. INFORMANT Address <b>Mrs. Edward Ebert 1228 E. 25th</b>		
18. CAUSE OF DEATH (Enter only one cause possible for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Caecanematodes.</b> DUE TO (b) <b>Primary C.A. Lt lung.</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) _____					INTERVAL BETWEEN ONSET AND DEATH <b>5 mo.</b>
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 <b>Sept '58</b> to <b>24 Jan '59</b> and last saw her alive on <b>24 Jan 1959</b> . Death occurred at <b>1:10 pm</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22. SIGNATURE (Degree or title) <b>Roy Marshall M.D.</b>			22b. ADDRESS <b>4000 Bellvue KC Mo 64119</b>		22c. DATE SIGNED <b>26 Jan 59</b>
23a. BURIAL, CREMATION, OR REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)
<b>Burial</b>		<b>1-27-1959</b>	<b>Floral Hills</b>		<b>Kansas City Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Floral Hills Memorial Chapels, Inc</b>			25. DATE RECD. BY LOCAL REG. <b>1-26-59</b>	26. REGISTRAR'S SIGNATURE <b>Reva Marshall</b>	

(Licensed Embalmer's Statement on Reverse Side)

B u f o r d T. Gasebol USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

No symptoms will be listed.

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, ~~only~~ ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Forrest D Caldwell* .....

Licensed Embalmer No. *4714* .....  
P. O. Address *KCM* .....

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.