OURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-039964

STATE FILE NUMBER

FILED VS NOV 23 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5326

AMENDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b 1 Day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Caldwell
c. CITY OR TOWN Kingston — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Eddie Middle E. Last Caster
4. DATE OF DEATH Month November Day 4, Year 1959
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 4-12-1890
9. AGE (last birthday) 69 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Reason Caster
13b. MOTHER'S MAIDEN NAME Mary K. Harter
14. NAME OF HUSBAND OR WIFE Hazel Caster
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mary Malone, K.C., Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Emphysema. — INTERVAL BETWEEN ONSET AND DEATH 5 yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute Cardiac Decompensation — 2 days.
DUE TO (c) due to Cor Pulmonale.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1956, to November 4 '59 and last saw him alive on November 4 '59
Death occurred at 3 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) A W Robinson MD.
22b. ADDRESS 4635 Wyandotte Kansas
22c. DATE SIGNED 11-5-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 11-4-59
23c. NAME OF CEMETERY OR CREMATORY —
23d. LOCATION (City, town, or county) HAMILTON (State) Mo

24. FUNERAL DIRECTOR ADDRESS Stine & McClure, Kansas City, Mo.
25. DATE RECD. BY LOCAL REG. 11-5-59
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

A. W. Robinson

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Joe B. Yoder

Signature of Student Embalmer

Licensed Embalmer No. 417

P. O. Address K.C. M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.