

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-019370

FILED JUN 6 1960 149 Primary Registration District No. 1002 Registrar's No. 2787 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Johnson</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>4 Months</b>		c. CITY OR TOWN <b>Mission</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>St. Luke's Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>6600 Nall Drive</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>BEULAH</b> Middle <b>EATON</b> Last <b>EATON</b>				4. DATE OF DEATH <b>May 21st 1960</b> Month <b>May</b> Day <b>21st</b> Year <b>1960</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>12-16-1889</b>	9. AGE (last birthday) <b>70</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HR Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Seamstress</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Swyden Drapery Co.</b>		11. BIRTHPLACE (City and state or country) <b>Hale, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
13a. FATHER'S NAME <b>Samuel B. Eaton</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Shipp</b>			14. NAME OF HUSBAND OR WIFE <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>			16. SOCIAL SECURITY NO. <b>496-05-6318</b>		17. INFORMANT <b>Mrs. C. T. Hughes, Mission, Kansas</b> Address <b>_____</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>Acute Cardiac Disturbance Heart Failure</b> DUE TO (b) <b>Systemic</b> DUE TO (c) <b>Hemoglobinester myelitis</b> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <b>_____</b> a.m. <b>_____</b> p.m. Month, Day, Year <b>_____</b>							
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
21. I attended the deceased from <b>Jan 20 - 60</b> to <b>May 21 - 60</b> and last saw her <b>May 20 - 60</b> Death occurred at <b>St. Luke's Hospital May 21 4P</b> m on the date stated above, and to the best of my knowledge from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Wanda Ruth MD</b>				22b. ADDRESS <b>411 Nall Rd</b>			22c. DATE SIGNED <b>5-22-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>5-22-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Arkadelphia Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Hale, Missouri</b>		
24. FUNERAL DIRECTOR <b>Freeman Mortuary, Kansas City, Mo.</b> ADDRESS <b>_____</b>				25. DATE RECD. BY LOCAL REG. <b>5-22-60</b>		26. REGISTRAR'S SIGNATURE <b>Thera Marshall</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF **Nicholas Plcard**

SEP 20 1980

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas

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