

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 17 1960

=60-023145

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2953 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived) If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>	Length of stay in 1b <u>51 years</u>	c. CITY OR TOWN <u>KANSAS CITY</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. LUKES HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>400 E. Armour</u>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>WILLIAM ALBERT EISELE</u>			4. DATE OF DEATH Month Day Year <u>MAY 29, 1960</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-27-08</u>	9. AGE (last birthday) <u>51</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Office Manager Bartles-Sloris Chemical Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Kansas City Missouri</u>	11. BIRTHPLACE (City and state or country) <u>U S A</u>	12. CITIZEN OF WHAT COUNTRY <u>U S A</u>	

13a. FATHER'S NAME <u>William C. Eisele</u>	13b. MOTHER'S MAIDEN NAME <u>Lavinia C. Morris</u>	14. NAME OF HUSBAND OR WIFE <u>Margie J. Eisele</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>W W II</u>	16. SOCIAL SECURITY NO. <u>496-16-2647</u>	17. INFORMANT <u>7833 Madison Avenue Kansas City</u> <u>Mrs. Alta Eisele Miller Missouri</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Acute Pulmonary Edema</u>		<u>1 hr.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Hypertensive Cardiovascular Disease</u>	<u>4 mos.</u>
	DUE TO (c) <u>Arteriosclerosis of the Kidneys</u>	<u>6 mos.</u>
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"/> N- <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 a.m. p.m. Month, Day, Year	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 March 1, 1960 to May 29, 60 and last saw him alive on 5-29-60.
Death occurred at 8 pm - Kansas City, Mo on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Arnold J. Adams M.D.</u> (Degree or title)	22b. ADDRESS <u>4635 Wyandotte K. City Mo</u>	22c. DATE SIGNED <u>5/31/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6/2/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cemetery</u>
23d. LOCATION (City, town, or county) <u>Kansas City Missouri</u>		(State)

24. FUNERAL DIRECTOR <u>D. W. Newcomers Sons</u>	ADDRESS <u>1331 Brush Creek Blvd.</u>	25. DATE RECD. BY LOCAL REG. <u>6-1-60</u>	26. REGISTRAR'S SIGNATURE <u>Neon Marshall</u>
<u>Kansas City Missouri</u>			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ARNOLD J. ADAMS

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 Chester K Brown

Licensed Embalmer No. 493

P. O. Address K.P. Miller

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.