

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

5117 -61-036881

STATE FILE NUMBER

AMENDED

Registration District No. 149
 Filed OCT 27 1961

Primary Registration District No. 1002

Registrar's No. 5117

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT
 BY AFFIDAVIT OF Geo. K. Boyd MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JACKSON											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 21 Years		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1301 EAST ARMOUR		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First FRANK Middle DAVID Last EATON				4. DATE OF DEATH Month OCT Day 12 Year 1961											
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9-28-89		9. AGE (last birthday) 72		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED HOTEL MANAGER				10b. KIND OF BUSINESS OR INDUSTRY HOTEL				11. BIRTHPLACE (City and state or country) KANSAS CITY, KS.		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Frank David Eaton				13b. MOTHER'S MAIDEN NAME SOPHIA BERRY				14. NAME OF HUSBAND OR WIFE ESTHER I. EATON							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, NO unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.				17. INFORMANT Address Esther I. Eaton 1301 E. Armour							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Insufficiency Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Constructive Pericarditis DUE TO (c) Tuberculosis										INTERVAL BETWEEN ONSET AND DEATH 3 months 1 yr Indefinite					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Arteriosclerosis								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 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 PERFORMED 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 <u>July 17, 61</u> to <u>present</u> and last saw him alive on <u>10-12-61</u> Death occurred at <u>8:05 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE (Degree or title) <u>George K Boyd M.D.</u>						22b. ADDRESS <u>5111 Independence</u>				22c. DATE SIGNED <u>10-13-61</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 10-16-61		23c. NAME OF CEMETERY OR CREMATORY MT. HOPE CEMETERY		23d. LOCATION (City, town, or county) (State) KANSAS CITY, KANSAS									
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS KANSAS CITY, MO.				1331 BRUSH CREEK BLVD.		DATE RECD. BY LOCAL REG. 10-14-61		26. REGISTRAR'S SIGNATURE <u>Ruth H Long</u>							

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 _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Overn Lawler*

Licensed Embalmer No. 4915

P. O. Address *PO Box*

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.