

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044658

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6304 STATE FILE NUMBER

AMENDED FILED JAN 8 1962

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE OKLAHOMA b. COUNTY WOODS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in lb 4 days	c. CITY OR TOWN ALVA Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION BAPTIST MEMORIAL HOSP.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First RUDY Middle Last EDEN			4. DATE OF DEATH Month DEC. Day 16, Year 1961			
5. SEX MALE	6. COLOR OR RACE CAUC.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/7/1890	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RANCHER		10b. KIND OF BUSINESS OR INDUSTRY SELF-EMPLOYED	11. BIRTHPLACE (City and state or country) unknown	12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME -- EDEN		13b. MOTHER'S MAIDEN NAME ---		14. NAME OF HUSBAND OR WIFE ALICE EDEN		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. --	17. INFORMANT ALICE EDEN, ALVA, OKLAHOMA
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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) Congestive Heart Failure		3 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Acute Myocardial Infarction	12 hours
	DUE TO (c) Coronary Artery Sclerosis -	2 years.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) Moderate Obesity and Hypertension		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 December 12, 1961 to December 16, 1961 and last saw him alive on December 16, 1961
Death occurred at 3 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Graham Asher M.D.	22b. ADDRESS 1220 Professional Bldg. Kansas City 6 Mo.	22c. DATE SIGNED 12-16-1961
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE DEC. 16, 1961	23c. NAME OF CEMETERY OR CREMATORY ALVA, OKLAHOMA
23d. LOCATION (City, town, or county) (State)	24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS, KANSAS CITY, MO.	25. DATE RECD. BY LOCAL REG. 12-16-61

26. REGISTRAR'S SIGNATURE
Ruth Long

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF
Graham Asher

SHOULD READ

ITEM NO.

MAR 29 1962

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 Geneb. Michael

Licensed Embalmer No. 4340

P. O. Address K. C., Mo.

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.