

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044661

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6487 STATE FILE NUMBER

AMENDED

FILED JAN 15 1962

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 37 yrs.
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY JACKSON
 c. CITY OR TOWN KANSAS CITY Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 1217 INDIANA Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
MARY GRACE EIROD
 4. DATE OF DEATH Month Day Year
Dec 23 1961

5. SEX FEMALE 6. COLOR OF RACE CACU. 7. Married Never Married
 Widowed Divorced
 8. DATE OF BIRTH 10-7-90 9. AGE (last birthday) 70 71 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Adjuster
 10b. KIND OF BUSINESS OR INDUSTRY Montgomery-Ward
 11. BIRTHPLACE (City and state or country) Sweet Springs, Mo. KANSAS
 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Jacob Dickerson 13b. MOTHER'S MAIDEN NAME LVDIA HAY
 14. NAME OF HUSBAND OR WIFE JASON EIROD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
No None
 17. INFORMANT JASON EIROD Address 4912 Northern Independence Mo. Kansas City INTERVAL BETWEEN ONSET AND DEATH 10 hours

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Cerebral. vascular hemorrhage
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) hypertensive vascular disease ? yrs
 DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Diabetes -

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 Month, Day, Year
 a.m. p.m.

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 Dec 23 - 61 to Dec 23 - 61 and last saw her/him alive on Dec 23 - 61
 Death occurred at 7:45 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R Paul Wright M.D. 22b. ADDRESS Kansas City - 6 - 1324 Prof. Bldg. Mo. 22c. DATE SIGNED Dec 27/61

23a. BURIAL, CREMATION, OR REMOVAL (Specify) REMOVAL 23b. DATE 12-27-61 23c. NAME OF CEMETERY OR CREMATORY Antioch Cemetery 23d. LOCATION (City, town, or county) (State) Antioch KANSAS

24. FUNERAL DIRECTOR ADDRESS Muehlebach 6800 Troost 25. DATE RECD. BY LOCAL REG. 12-27-61 26. REGISTRAR'S SIGNATURE Rieth Long

DATE AMENDED: 1-2-62, 1-2-62
 INSTEAD OF: 10-7-91, 70
 SHOULD READ: 10-7-90, 71
 ITEM NO.: 8, 9
 BY AFFIDAVIT OF Mo. Birth Cert No. 263720 DOCUMENT Mary Grace Dickerson
 MEDICAL CERTIFICATION: Paul Wright

Just B. [unclear]

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 *R. E. Nichols*

Licensed Embalmer No. *4997*

P. O. Address *K. E. [unclear]*

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.