

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018943

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 146 Primary Registration District No. 1002 Registrar's No. 2660 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 8 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 lb 3 hrs. 10 min
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Children's Mercy Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Kansas b. COUNTY Shawnee
 c. CITY OR TOWN Richland Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Rural Route Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last Johnny Lee Eastman 4. DATE OF DEATH Month Day Year 5-15-62

5. SEX male 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 5-13-62 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min. 2

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none 10b. KIND OF BUSINESS OR INDUSTRY child 11. BIRTHPLACE (City and state or country) Topeka, Kansas 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Jack Eastman 13b. MOTHER'S MAIDEN NAME Velma LaVern Joslin 14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO 16. SOCIAL SECURITY NO. None 17. INFORMANT Father Address Rural Route Richland, Kansas

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Cardiac failure
 DUE TO (b) Coarctation of aorta (8 patent ductus?)
 DUE TO (c) —
 Conditions, if any, which gave rise to above, cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diaphragmatic hernia (repaired)
 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 9:55 Month, Day, Year 5-14-62 a.m. p.m. pm

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 TOPEKA, Kansas COUNTY STATE

21. I attended the deceased from 5-14-62 9:55 pm to 5-15-62 1:15 am and last saw him alive on 5-15-62
 Death occurred at 1:15 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ruth E. Yobe, M.D. (Degree or title) Ruth E. Yobe M.D. 22b. ADDRESS 1710 Independence Ave 22c. DATE SIGNED 5-15-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 5-16-62 23c. NAME OF CEMETERY OR CREMATORY Topeka, Kansas 23d. LOCATION (City, town, or county) (State) TOPEKA, Kansas

24. FUNERAL DIRECTOR Simmons Funeral Home ADDRESS K.C.K 25. DATE RECD. BY LOCAL REG. 5-16-62 26. REGISTRAR'S SIGNATURE Ruth N Long

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59
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 28150-
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 13

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 Donnan K. James

Licensed Embalmer No. 21828

P. O. Address K. C. K.

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.