

S. No. 300  
EV. 10.48

FILED AUG 6 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24749  
Registrar's No. 298

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026

0485

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, write RURAL and give township) <u>Independence</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Independence 0485</u>	
c. LENGTH OF STAY (In this place) <u>76 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>9847 Winner BQ.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Indep. Sanitarium</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Della</u> b. (Middle) <u>M.</u> c. (Last) <u>Eberhard</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 18, 1952</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 26, 1901</u>	9. AGE (of years) (Under 1 Year) (If under 24 hrs.) last birthday Months Days Hours Min. <u>51</u>	
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10a. USUAL OCCUPATION (Give kind of work during most of working life even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>West Line, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>John T. Brager</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Patterson</u>		14. NAME OF HUSBAND OR WIFE <u>Harry W. Eberhard</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (See no. or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>487-34-5725</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harry W. Eberhard 9847 Winner</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>9 mo</u>  <u>11 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>metastatic Fibrosarcoma of lungs</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fibrosarcoma left arm</u> DUE TO (c) <u>none</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>197X</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 9/25, 1951, to 7/18, 1952, that I last saw the deceased alive on 7/18, 1952, and that death occurred at 10:15 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Vance E. Link, M.D.</u> (Degree or title)		23b. ADDRESS <u>Independence, Mo</u>		23c. DATE SIGNED <u>7/19/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 21, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wells Lawn</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u>	
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DATE REC'D BY LOCAL REG. <u>7-21-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		334		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wilton L. Tophy Indep. Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 4 REC'D

APR 10 1953  
SEP 17 1953  
JUL 20 1953

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 .....  
Student Embalmer

Signed Rollie Kessel

Licensed Embalmer No. 4690

P. O. Address Independence, 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 this body is not embalmed, fact should be so stated above.