

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5873**

0.48

FILED MAR 13 1953

REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1008

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

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>	
c. LENGTH OF STAY (In this place) <b>LIFETIME</b>		d. STREET ADDRESS (If rural, give location) <b>6600 WYOMING STREET</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6600 WYOMING STREET</b>			
3. NAME OF DECEASED (Type or Print) <b>LILLIAN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>FEB. 15 1953</b>	
a. (First) <b>LILLIAN</b>		b. (Middle) <b>LOTTIE</b>	
c. (Last) <b>EBERT</b>			
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JAN. 7 1897</b>
9. AGE (In years last birthday) <b>56</b>		10. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>KANSAS CITY MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>JOHN HEIDENREICH</b>		13b. MOTHER'S MAIDEN NAME <b>MARTHA SCHELLE</b>	
14. NAME OF HUSBAND OR WIFE <b>EARL HENRY EBERT</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>K.C. No.</b>		ADDRESS <b>MR. EARL H. EBERT 6600 WYOMING STREET</b>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Malnutrition &amp; Bronchopneumonia</b> ANTECEDENT CAUSES <b>Primary Ovarian Carcinomatosis</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>175X</b>	
19a. DATE OF OPERATION <b>Feb 14/1952</b>		19b. MAJOR FINDINGS OF OPERATION <b>(1) Small intestine, obstruction (2) Carcinomatosis</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) (Min.)		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 <b>4-28 - 1952</b> to <b>2-15, 1953</b> , that I last saw the deceased alive on <b>2-15 - 1953</b> , and that death occurred at <b>11:00 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>G. O. Miles</b>		23b. ADDRESS <b>411 Nichols Rd.</b>	
23c. DATE SIGNED <b>2-16-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-17-53</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Moriah</b>		24d. LOCATION (City, town, or county) (State) <b>K.C. Mo</b>	
DATE REC'D BY LOCAL REG. <b>2-17-53</b>		REGISTRAR'S SIGNATURE <b>Seraldine Smith</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. NEWCOMER'S SONS</b>		ADDRESS <b>1351 BRUSH CREEK BLVD. KANSAS CITY, MO.</b>	

Feb 22 3 3

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 Edward M. Strong

Licensed Embalmer No. 4452

P. O. Address H. C. & Co

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.