

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **5879**

FILED MAR 13 1953

BIRTH NO.

REG. DIST. NO. 149PRIMARY REG. DIST. NO. 1002Registrar's No. 1037

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. LENGTH OF STAY (In this place) <b>44 Years</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>		d. STREET ADDRESS (If rural, give location) <b>107 EAST 33rd. STREET</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>TRINITY LUTHERAN HOSPITAL</b>				3493					
3. NAME OF DECEASED (Type or Print) a. (First) <b>LOGAN</b> b. (Middle) <b>NO MIDDLE NAME</b> c. (Last) <b>ESHOM</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>FEB. 15 1953</b>						
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>NOV. 18 1874</b>		9. AGE (In years last birthday) <b>78</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>POSTAL CLERK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RETIRED SINCE 1936</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>CHAMPAIGN ILLINOIS /</b>					
13a. FATHER'S NAME <b>JAMES ESHOM</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>TINA ESHOM</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>500-22-0468</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. TINA ESHOM 107 East 33rd Street K.C.Mo</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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>1/31/53 &amp; 2/5/53</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				4201	
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <b>Bronchopneumonia &amp; recovery</b>								3/7/53	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		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 <u>1/31</u> , 1953, to <u>2/15</u> , 1953, that I last saw the deceased alive on <u>2/15</u> , 1953, and that death occurred at <u>9:30 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <b>R. R. BECKER</b> (Degree or title) <b>MD</b>				23b. ADDRESS <b>4000 Baltimore Kansas City, Mo</b>		23c. DATE SIGNED <b>2/16/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>FEB. 18, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MT. MORIAH CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>			
DATE REC'D BY LOCAL REG <b>2-18-53</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>D.W. Newcomer 1531 BRUSH CREEK BLVD. KANSAS CITY, MO.</b>					

(Licensed Embalmer's Statement on Reverse Side)

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

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 \_\_\_\_\_

*Chester K. Brown*

Student Embalmer No. *476*

working under my personal supervision.

Student

*Chester Brown*

Student Embalmer

Signed

*Edward M. Storey*

Licensed Embalmer No.

*4452*

P. O. Address

*162 C. 4 Ave*

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.