

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5885**
925

FILED MAR 7 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u> Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 40 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1618 E. 75th St. Terr.			d. STREET ADDRESS (If rural, give location) 1618 E. 75th St. Terr.		
3. NAME OF DECEASED (Type or Print) HARRY		a. (First) HARRY	b. (Middle) V.	c. (Last) EYRING, SR.	4. DATE OF DEATH (Month) (Day) (Year) 2-11-53
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 17, 1890	9. AGE (in years last birthday) 62	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Journeyman Electrician	10b. KIND OF BUSINESS OR INDUSTRY Ass't. City Eled. Insp./	11. BIRTHPLACE (City and State or Foreign Country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Julius Eyring		13b. MOTHER'S MAIDEN NAME Annie Moss		14. NAME OF HUSBAND OR WIFE Mabel Eyring	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 495-03-7275	17. INFORMANT'S SIGNATURE OR NAME Harry V. Eyring ADDRESS 7137 Lydia			
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral Hemorrhage				
	ANTECEDENT CAUSES				
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension - Arterial				
	DUE TO (c)				
	II. OTHER SIGNIFICANT CONDITIONS				3314
	Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) K.C. Jackson Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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>Jan 1949</u> to <u>Present</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>11 Feb 1953</u> , and that death occurred at <u>9:29</u> m., from the causes and on the date stated above.					
23a. SIGNATURE Wm. H. Duncan (Degree or title) M.D.			23b. ADDRESS 1200 Professional Bldg		23c. DATE SIGNED 2-11-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-14-53	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		
DATE REC'D BY LOCAL REG. 2-12-53	REGISTRAR'S SIGNATURE Heraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE STINE-McCLURE		ADDRESS K.C.MD.

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

Doc. W. H. Deane

Prof. B. H. V 13480

or V 8833

sent 4:30

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 Low N. Clark

Licensed Embalmer No. 4216

P. O. Address. Kansas City, 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.