

STANDARD CERTIFICATE OF DEATH

State File No. 5734

No. 300 10.48

FILED DEC 23 1953 BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

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

1. PLACE OF DEATH a. COUNTY Jackson b. CITY Kansas City c. LENGTH OF STAY 41 Yrs. d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to Research Hosp. (A) 2. USUAL RESIDENCE a. STATE Missouri b. COUNTY Jackson c. CITY Kansas City 3908 d. STREET ADDRESS 1183 East 77th. St.

3. NAME OF DECEASED a. (First) James b. (Middle) Smithly c. (Last) Eaton 4. DATE OF DEATH Dec. 4 1953

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married 8. DATE OF BIRTH 6 Aug. 1886 9. AGE 67

10a. USUAL OCCUPATION Salesman 10b. KIND OF BUSINESS OR INDUSTRY Real Estate 11. BIRTHPLACE Canton, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Jake Eaton 13b. MOTHER'S MAIDEN NAME Margaret Page 14. NAME OF HUSBAND OR WIFE Fannie Eaton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? NO 16. SOCIAL SECURITY NO. 487-00-1172 17. INFORMANT'S SIGNATURE OR NAME F. Eaton 17. ADDRESS 1183 E. 77th. St. K.C. Mo.

18. CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Tamponade (b) Rupture Anterior wall of Myocardium (c) Myocardial Infarction II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 4201

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES [X] NO []

21a. ACCIDENT SUICIDE HOMICIDE Natural 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 21e. INJURY OCCURRED WHILE AT WORK [] NOT WHILE AT WORK [] 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens 23b. ADDRESS 1034 Rialto Bldg 23c. DATE SIGNED 12-7-53

24a. BURIAL, CREMATION, REMOVAL Burial 24b. DATE 7 Dec. 53 24c. NAME OF CEMETERY OR CREMATORY Floral Hills 24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 12-7-53 REGISTRAR'S SIGNATURE Geraldine Smith 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Floral Hills Memorial Chapels K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

4431790

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 Lloyd C McLeod

Licensed Embalmer No. 4853

P. O. Address W. E. 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.