No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22097

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2982

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

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1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (in this place) 5 Days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Northeast Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri. b. COUNTY Jackson
c. CITY OR TOWN Kansas City
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
STREET ADDRESS (If rural, give location) 143 So. Evanston

3. NAME OF DECEASED (Type or Print) a. (First) GERTRUDE b. (Middle) B. c. (Last) EAGAN

4. DATE OF DEATH (Month) (Day) (Year) July 12, 1955

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Nov 23, 1879
9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Herman Hermelink
13b. MOTHER'S MAIDEN NAME May Hand
14. NAME OF HUSBAND OR WIFE William H. Eagan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME J. R. French ADDRESS 5715 St. John K.C. Mo

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) Cerebral apoplexy — INTERVAL BETWEEN ONSET AND DEATH 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) General arteriosclerosis 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 334 X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
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* July 6, 1955, *to* July 12, 1955, *that I last saw the deceased alive on* July 12, 1955, *and that death occurred at* 4:27 *m., from the causes and on the date stated above.*

23a. SIGNATURE F.W. Thompson (Degree or title) D.O. F.W. Thompson D.O.
23b. ADDRESS 705 Bryant Bldg
23c. DATE SIGNED 7/13/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 14, 1955
24c. NAME OF CEMETERY OR CREMATORY Mt. Washington, Cem.
24d. LOCATION (City, town, or county) (State) Kansas City, Mo

DATE REC'D BY LOCAL REG. 7-13-55
REGISTRAR'S SIGNATURE Neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE Dixon L. Kepley ADDRESS Indep. Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 422

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this Body is not embalmed, fact should be so stated above.