

Eades
FILED SEP 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26627**

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **5570** Registrar's No. **326**

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

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) Rural		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) 5003 E. 22nd	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mi. W. Buckner on 24 hiway			

3. NAME OF DECEASED (Type or Print) a. (First) LaRoy b. (Middle) V. c. (Last) Eades	4. DATE OF DEATH (Month) (Day) (Year) Aug. 27, 1955
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 29, 1922	9. AGE (In years last birthday) 32	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver	10b. KIND OF BUSINESS OR INDUSTRY Southern Plaza Exp. Inc.	11. BIRTHPLACE (City and State or Foreign Country) Neosho, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Melvin Eades	13b. MOTHER'S MAIDEN NAME Mildred Williams	14. NAME OF HUSBAND OR WIFE Wilma Eades
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW 2	16. SOCIAL SECURITY NO. 559 14 8276	17. INFORMANT'S SIGNATURE OR NAME Mrs. Wilma Eades, Kansas City, Mo.	ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Block & Hemorrhage secondary		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) from crushing of chest, rupture of heart & Hemopericardium		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION E8161 26	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) acc. death	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 24 hiway	21c. (CITY, TOWN, OR TOWNSHIP) 108 Jackson (COUNTY) _____ (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8-27-55 11:30 am	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? car-truck collision
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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 **11:50 AM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. C. S. ...	23b. ADDRESS 6627 Prospect Ave	23c. DATE SIGNED 8-28-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/30/55	24c. NAME OF CEMETERY OR CREMATORY Md. Grove Cem.	24d. LOCATION (City, town, or county) (State) Independence, Mo.
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DATE REC'D BY LOCAL REG. 8-30-55	REGISTRAR'S SIGNATURE James ...	25. FUNERAL DIRECTOR'S SIGNATURE Geo. G. Carson	ADDRESS Independence, Mo.
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SEP 9 1958

SEP 12 1958

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 Signature of Student Embalmer

Signed *Harold E. Radref*

Licensed Embalmer No. *4609*

P. O. Address *Indep. 11*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.