

FILED SEP 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29708
3930

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>			c. LENGTH OF STAY (in this place) <u>6 years</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>				e. STREET ADDRESS (If rural, give location) <u>14 931 E. 11</u>				<u>3740</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gerald</u>			b. (Middle) <u>R.</u>		c. (Last) <u>Eastburn</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 5 1955</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>July 3 1903</u>		9. AGE (In years last birthday) <u>52</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Foreman Lineman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Western Union</u>		11. BIRTH PLACE (City and State or Foreign Country) <u>Chanute Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					
13a. FATHER'S NAME <u>Dolph Eastburn</u>			13b. MOTHER'S MAIDEN NAME <u>Julia Mathes</u>			14. NAME OF HUSBAND OR WIFE <u>Velma Marie Eastburn</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>506-01-3174</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Velma M Eastburn</u>					ADDRESS <u>931 E 11 Kc Mo</u>		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Right pulmonary embolus</u>						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) <u>Thrombophlebitis of left femoral vein and inferior vena cava</u> DUE TO (c) <u>(none)</u>									
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>463X</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" 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)							
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>Sept. 5, 1955</u> , to <u>Sept. 5, 1955</u> , that I last saw the deceased alive on <u>Sept. 5, 1955</u> , and that death occurred at <u>8:09P m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>B. I. Burns</u> (Degree or title) <u>B. I. Burns, M.D.</u>				23b. ADDRESS <u>24th & Cherry</u>			23c. DATE SIGNED <u>9-6-1955</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9/8/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shaw-Kans Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Shaw Co Kansas</u>					
DATE REC'D BY LOCAL REG. <u>9-8-55</u>		REGISTRAR'S SIGNATURE <u>new munsell</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody M. Kelly Eyles</u>					ADDRESS <u>Kan City Mo.</u>	

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.....
John H. Pryor

Licensed Embalmer No. *299*

P. O. Address *Kan. City*

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.