

FILED SEP 28 1955

STANDARD CERTIFICATE OF DEATH

State File No. 29710
3913

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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) TOWN Kansas City		c. LENGTH OF STAY (In this place) Life	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION 4235 Locust		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		5. STREET ADDRESS (If rural, give location) 4235 Locust	

3. NAME OF DECEASED (Type or Print) VIRGINIA		a. (First)		b. (Middle)		c. (Last) EATON		4. DATE OF DEATH (Month) (Day) (Year) Sept. 8, 1955		
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 12-7-1891		9. AGE (In years last birthday) Months Days Hours Min. 63		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri			12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Frank Siegel		13b. MOTHER'S MAIDEN NAME Lillian Alexander		14. NAME OF HUSBAND OR WIFE Hyden J. Eaton	
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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) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mr. Hyden J. Eaton, 4235 Locust, K.C. Mo.		ADDRESS	
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19. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction						1 minute	
ANTECEDENT CAUSES		DUE TO (b) Coronary Atherosclerosis				7+ Years	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Arteriosclerotic Heart Disease				7+ Years	
II. OTHER SIGNIFICANT CONDITIONS		Previous myocardial Infarction				5-7 Years	
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 checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 5 Sept., 1955, to 8 Sept., 1955, that I last saw the deceased alive on 7 Dec., 1955, and that death occurred at 11:50 A. m., from the causes and on the date stated above.

23a. SIGNATURE Philip G. Kaul (Degree or title) ^o		23b. ADDRESS 411 Nichols Road		23c. DATE SIGNED 8 Sept. 55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 9-10-55		24c. NAME OF CEMETERY OR CREMATORY Newcomer's Crematory		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
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DATE REC'D BY LOCAL REG. 9-9-55		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE UND. CO.		ADDRESS K.C. MO.	
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Phillip L. Paul
State of Ohio
Je 1226

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.....
Robert A. Boy

Licensed Embalmer No.....
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P. O. Address.....
K.C. 9.

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.