

0.300  
0.48

FILED OCT 19 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33210  
State File No. 4163

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 189 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) OR TOWN KANSAS City		c. CITY OR TOWN KANSAS City	
c. LENGTH OF STAY (in this place) 35 YEARS		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address and location) HOSPITAL OR INSTITUTION KRESTWOOD MEDICAL HOSPITAL		e. STREET ADDRESS (If rural, give location) 3807 MONTGALL AVENUE	

3. NAME OF DECEASED (Type or Print) GRACE	a. (First)	b. (Middle) ELIZABETH	c. (Last) EIDSON	4. DATE OF DEATH (Month) (Day) (Year) SEPT 22, 1955
---	------------	-----------------------	------------------	---

5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH August 6, 1874	9. AGE (In years last birthday) 81	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	11. BIRTHPLACE (City and State or Foreign Country) ENGLAND	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---------------	------------------------	--	---------------------------------	------------------------------------	--	--	-------------------------------------

13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE ALONZO L. EIDSON
----------------------------	-----------------------------------	--

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 ADDRESS LAWRENCE EIDSON 3807 MONTGALL AVENUE KANSAS CITY, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage July 21st		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) Hypostatic Pneumonia		few days
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		331X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 July 22, 1955, to Sept 22, 1955, that I last saw the deceased alive on Sept 22, 1955, and that death occurred at 6:45 p. m., from the causes and on the date stated above.

23a. SIGNATURE B. Atcheson M.D. (Degree or title)	23b. ADDRESS 3939 Prospect	23c. DATE SIGNED 9-23-55
---	----------------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE SEPT-26-1955	24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
--	------------------------	---	--

DATE REC'D BY LOCAL REG. 9-26-55	REGISTRAR'S SIGNATURE nava minimal	25. FUNERAL DIRECTOR'S SIGNATURE D.W. NEWCOMER'S SONS 1331 BRUSH CREEK KANSAS CITY, MO.
----------------------------------	------------------------------------	---

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
B. Atcheson

**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 *Bellie Kessel* .....

Licensed Embalmer No. *46*.....

P. O. Address *K. C. M.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If this body is not embalmed, fact should be so stated above.)  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.