Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

H. R. Lyddon, Jr.

FILED SEP 21 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 30675

Registration District No. 149 Primary Registration District No. 1001 Registrar's No. 3711

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8410 Woodland — Length of stay in 1b 30 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City 3958 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 8410 Woodland (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Elmer Middle T. Last Earl

4. DATE OF DEATH Month August Day 21 Year 1956

5. SEX Male D

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH April 7, 1874

9. AGE (In years last birthday) 82 — 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) Cattle Buyer & Vetenarian

10b. KIND OF BUSINESS OR INDUSTRY Self

11. BIRTHPLACE (City and state or country) Charlottville, Ind.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Issac Earl

14. MOTHER'S MAIDEN NAME Harriet Griffith

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. 491-20-7402

17. INFORMANT Roscoe T. Earl Address 8410 Woodland

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute myocarditis — 1 wk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — 1 yr.
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a). 4200

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour ~~a. m.~~ p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8-19-56 to 8-20-56 and last saw ~~him~~ her alive on 8-19-56
Death occurred at 12:20 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. Q. Lydon (Degree or title) M.D.

22b. ADDRESS 1017 E. 7th K.C. Mo.

22c. DATE SIGNED 8-22-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE Aug 24, 1956

23c. NAME OF CEMETERY OR CREMATORY Eskridge Cemetery

23d. LOCATION (City, town, or county) Eskridge, Kansas (State)

24. FUNERAL DIRECTOR Muehlebach Funeral Home ADDRESS 6800 Troost

25. DATE RECD. BY LOCAL REG. 8-24-56

26. REGISTRAR'S SIGNATURE Neva Marshall

(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 eml

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Thomas A. Koehler

Licensed Embalmer No. 499

P. O. Address K.C., T

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.