

FILED FEB 27 1957

THE DIVISION OF HEALTH OF THE STATE OF KANSAS
STANDARD CERTIFICATE OF DEATH

State File No. **4675**

No. 306
10-48

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **592**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	c. LENGTH OF STAY (In this place) 2 Da.	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"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital		K. STREET ADDRESS (If rural, give location) 488 Federal	

3. NAME OF DECEASED (Type or Print) a. (First) Norman b. (Middle) E. c. (Last) Earnshaw			4. DATE OF DEATH (Month) (Day) (Year) 2 5 57		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 7-30-12		9. AGE (In years last birthday) Months Days 44		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. OCCUPATION (Give kind of work done during most of working life, even if retired) Labor			10b. KIND OF BUSINESS OR INDUSTRY Overton Coal Co.			11. BIRTHPLACE (City and State or Foreign Country) Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Charles Earnshaw		13b. MOTHER'S MAIDEN NAME Alice Moberly		14. NAME OF HUSBAND OR WIFE Margaret Earnshaw	
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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 W W II		16. SOCIAL SECURITY NO. 496-0706143		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lewis E. Earnshaw (Son) K.C.K.	
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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* (a) Fractured Skull		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES DUE TO (b) _____					
		DUE TO (c) _____				8124	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Remarriage Surgery				25	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. USUAL SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jackson City Jackson Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2-4-57	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Pedestrian Struck by Car

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Uwers (Degree or title) 3		23b. ADDRESS 1034 Prairie Blvd		23c. DATE SIGNED 2-7-57	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-6-57	24c. NAME OF CEMETERY OR CREMATORY Pleasant View	24d. LOCATION (City, town, or county) (State) Shawnee Mo. Kans.
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DATE REC'D BY LOCAL REG. 2-7-57	REGISTRAR'S SIGNATURE Nora Minshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Simmons Funeral Home K.C.K.
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(Licensed Embalmers' Statement on Reverse Side)

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

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 *Max E. Meyer*

Licensed Embalmer No. *456*

P. O. Address *K.C. KS*

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.