Health, & Welfare Public Service

FILED JUL 12 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

'57 020921 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2919

S. 300 0
1-57

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Kansas City — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Lakeside Hospital — Length of stay in 1b 13 DAYS

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

3. NAME OF DECEASED (Type or print) First Eva Middle Dode Last Alumbaugh

4. DATE OF DEATH Month June Day 23 Year 1957

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH July 23, 1890
9. AGE (In years last birthday) 66 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Odessa, Mo.
12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME Danniel Adams
13b. MOTHER'S MAIDEN NAME Eva Glover
14. NAME OF HUSBAND OR WIFE J. B. Alumbaugh

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. none
17. INFORMANT J. B. Alumbaugh, Address Oak Grove Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hepato-Renal Syndrome — INTERVAL BETWEEN ONSET AND DEATH 3 D.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Empyema of Gall Bladder — 1 Month
DUE TO (c) Common Duct Obstruction, (Stone) — 2 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 584 X
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 Nov. 1956, to 6/22/57 and last saw her/him alive on 6/22/57
Death occurred at 4:00 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Elias E. Zirul (Degree or title) Elias E. Zirul D.O.
22b. ADDRESS 4640 Troost
22c. DATE SIGNED 6/23/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6-25-57
23c. NAME OF CEMETERY OR CREMATORY Odessa Cemetery
23d. LOCATION (City, town, or county) (State) Odessa Mo.

24. FUNERAL DIRECTOR Webb Mortuary, ADDRESS Blue Spring Mo
25. DATE RECD. BY LOCAL REG. 6-23-57
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 R. Bidwson

Licensed Embalmer No. 4531

P. O. Address Kansas 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.