

FILED DEC 5 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER
43800
5417

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5417

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1100 So Dan Bunt</u>		d. STREET ADDRESS (If outside give location) <u>35 years</u> <u>1100 So Dan Bunt</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First <u>Edna</u> Middle <u>LEE</u> Last <u>EBERTS</u>			4. DATE OF DEATH Month <u>11</u> Day <u>16</u> Year <u>57</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>October 25 1897</u>	9. AGE (In years last birthday) <u>60</u>	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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Paradise Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>George Lepton</u>		13b. MOTHER'S MAIDEN NAME <u>Luana Pickett</u>		14. NAME OF HUSBAND OR WIFE <u>John F. Eberts</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Dorothy L. Eberts - 110 So Dan Bunt</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary heart disease (thrombosis)</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Artery arteriosclerosis</u>					4201	
DUE TO (c) _____						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a)						
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			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. _____			20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Stoussville Jackson Mo</u>				
21. I attended the deceased from <u>Oct. 1 1957</u> to <u>Nov. 16, 1957</u> and last saw her alive on <u>Nov. 8, 1957</u> Death occurred at <u>7:00 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <u>D. L. Stinson M.D.</u> (Degree or title)			22b. ADDRESS <u>4606 St. John K. C. Mo</u>		22c. DATE SIGNED <u>11-16-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Nov 17, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cabot Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Cabot Arkansas</u>	
24. FUNERAL DIRECTOR <u>Hilke Funeral Home</u> ADDRESS <u>2315 Lenwood</u>			25. DATE RECD. BY LOCAL REG. <u>11-16-57</u>		26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>	

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



W. ...
#606 St John
Re 1/11/91

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

Chas E Weeks

Licensed Embalmer No. *2644*

P. O. Address. *H C 210*

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.