

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009375

STATE FILE NUMBER

1330

FILED MAR 26 1959 Registration District No. 149 Primary Registration District 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 Mo. b. COUNTY Henry			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Clinton 0250		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Luke Hospital		Length of stay in lb 8 Days	d. STREET ADDRESS (If outside, give location) 806 East Franklin St.		
3. NAME OF DECEASED (Type or print) First Middle Last Frances Virginia Easley		4. DATE OF DEATH Month Day Year March 12 1959			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 28 1863	9. AGE (In years last birthday) 95	
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) Jackson Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME Hank Gibbons		13b. MOTHER'S MAIDEN NAME Roa Ann Daniels		14. NAME OF HUSBAND OR WIFE Stephen Easley (Dec.)	
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 Walter Easley Lee's Summit Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Bacterial pneumonia</i> Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. } DUE TO (b) <i>Cardiac failure</i> DUE TO (c) <i>Fracture intertrochanteric femur left</i>				INTERVAL BETWEEN ONSET AND DEATH <i>1 week</i> <i>1 week</i> <i>12 days</i>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Rt. feet on 28 Feb 1959 at home</i>			
20c. TIME OF INJURY Hour Month, Day, Year <i>7:30 p.m. Feb 28 59</i>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>		20f. CITY, TOWN, OR LOCATION <i>Clinton</i>		STATE <i>Henry Mo</i>	
21. I attended the deceased from <i>3-4-59</i> to <i>3-12-59</i> and last saw her alive on <i>3-12-59</i> Death occurred at <i>1 PM - 3-12-59</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Richard H. Kiene MD</i>		22b. ADDRESS <i>4812 J.C. Nichol Pky</i>		22c. DATE SIGNED <i>3-12-59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>3/15/1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Lee's Summit</i>		23d. LOCATION (City, town, or county) (State) <i>Lee's Summit Mo.</i>
24. FUNERAL DIRECTOR <i>Langford Funeral Home</i> <i>Lee's Summit Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>3-13-59</i>		26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Richard H. Kiene



APR 9 1958

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 *W. Langford*
Licensed Embalmer No. *3133*
P. O. Address *Lee's Summit, Mo.*

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.