

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025093

FILED JUL 17 1959

Registration District No. 149 Primary Registration District No. C002 Registrar's No. 3285

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 35 yrs.		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4117 East 14th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Jesse Middle D. Last Easley				4. DATE OF DEATH Month July Day 3rd Year 1959									
5. SEX male		6. COLOR OR RACE white		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Aug. 30-86		9. AGE (last birthday) 72 yrs.		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) machinist			10b. KIND OF BUSINESS OR INDUSTRY Public Service Co.			11. BIRTHPLACE (City and state or country) Cane Hill, Ky.			12. CITIZEN OF WHAT COUNTRY U.S.				
13a. FATHER'S NAME Frank Easley				13b. MOTHER'S MAIDEN NAME Jennie Gary				14. NAME OF HUSBAND OR WIFE Mrs. Lillian G. Easley					
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. 486-10-6057			17. INFORMANT Address Lillian Easley 4117 East 14th-K.C.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular fibrillation DUE TO (b) Multiple infarcts Kidney Brain & Heart DUE TO (c) Hypertensive heart disease CVA. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the primary disease condition given in PART I (a) hypertension										INTERVAL BETWEEN ONSET AND DEATH			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input 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.)									
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <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	
21. I attended the deceased from 6-8-59 to 7-3-59 and last saw her/him alive on 7-2-59 Death occurred at 1:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) J. M. Haight M.D.						22b. ADDRESS 3401 E 12th KC Mo			22c. DATE SIGNED 7-3-59				
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 7/6/59		23c. NAME OF CEMETERY OR CREMATORY Mt. Washington			23d. LOCATION (City, town, or county) (State) Kansas City Mo.						
24. FUNERAL DIRECTOR ADDRESS Earp & Sons Mortuary K.C., Mo.				25. DATE RECD. BY LOCAL REG. 7-6-59		26. REGISTRAR'S SIGNATURE Wm Marshall							

DOCUMENT

MEDICAL CERTIFICATION

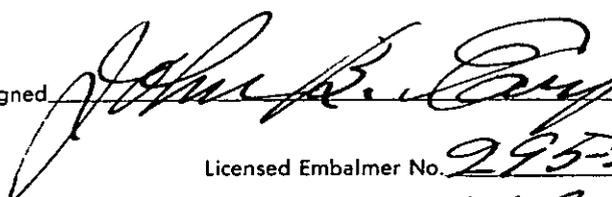
J. M. Haight

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed  _____

Licensed Embalmer No. 295

P. O. Address H.C.

Note: The above **MUST. BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to conform 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.