

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015277

FILED VS. APR 26 1960 149

Primary Registration District No. 1002 Registrar's No. 2028

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 64 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 6254 TRUMAN RD.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 6254 TRUMAN RD. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last ARMILDA FRANCIS EAGLES			4. DATE OF DEATH Month Day Year 4-11-60		
5. SEX FE.	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 7-6-1895	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months Days 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		11. BIRTHPLACE (City and state or country) WHITE CHURCH KAN. U.S.A.	
13a. FATHER'S NAME JAMES MOONEY KAN.		13b. MOTHER'S MAIDEN NAME MERIMIM BROWN		14. NAME OF HUSBAND OR WIFE ERNEST EAGLES	
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 ERNEST EAGLES 6254 TRUMAN RD. Address	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Shock Caused by Acute Pulmonary Embolism Injunct.**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: **INTERVAL BETWEEN ONSET AND DEATH**

DUE TO (b) **Decompensated Hypertensive Heart Disease 3mo.**

DUE TO (c) **Arteriosclerosis 2 yrs.**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES <input 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 Month, Day, Year a.m. p.m.	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 1958 , to present and last saw her alive on 4-8-60 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			

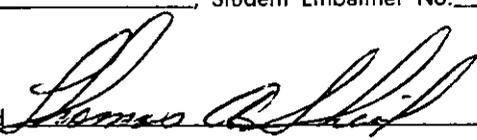
22a. SIGNATURE (Degree or title) M.C. Coakley D.O.		22b. ADDRESS 6235 Truman Rd	22c. DATE SIGNED 4-11-60
23a. BURIAL, CREMATION, REMOVAL (Specify) STANLEY	23b. DATE 4-13-60	23c. NAME OF CEMETERY OR CREMATORY PLEASANT VALLEY	23d. LOCATION (City, town, or county) (State) STANLEY KANSAS
24. FUNERAL DIRECTOR M. Shepherd Funeral Home K.C. Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 4-11-60	26. REGISTRAR'S SIGNATURE Neva Minshall

DOCUMENT MEDICAL CERTIFICATION COUNTY 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. 4957
P. O. Address K.C. 220

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.