

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-038874

FILED VS NOV 9 1960

172 Primary Registration District No. 4273 Registrar's No. 88

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>LAFALETTE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>FREEDOM</b>		Length of stay in 1b <b>5 Min.</b>	c. CITY OR TOWN <b>KANSAS CITY</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2 MI EAST CONCORDIA MO</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>2717 E 62ND ST</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>HERBERT</b> Middle <b>B</b> Last <b>ESHELMAN</b>			4. DATE OF DEATH Month <b>OCT</b> Day <b>31</b> Year <b>1960</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>OCT 28 1898</b>	9. AGE (last birthday) <b>75</b>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED EXECUTIVE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>WESTERN ELECTRIC</b>	11. BIRTHPLACE (City and state or country) <b>LANCASTER P.A.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>UNKNOWN</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>EDNA MAE ESHELMAN</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>343-03-2540</b>	17. INFORMANT <b>H. ESHELMAN</b> Address <b>KANSAS CITY, MO</b>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Motor Collision, Compound fracture of skull, multiple fracture of chest, rupture of stomach contents.</b>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <b>Emaciation of abdominal contents.</b>		
DUE TO (c) <b>Fracture of skull.</b>		
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.) <b>This motor car collided with two trucks</b>
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20c. TIME OF INJURY <b>4 p.m. 10-31-60</b>	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.) <b>National Highway in 40 Concordia Lafayette MO</b>	20f. CITY, TOWN, OR LOCATION <b>Concordia Lafayette MO</b>
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21. I attended the deceased from <b>after death</b> to <b>10-31-60</b> and last saw him alive on <b>never</b>	
Death occurred at <b>HP</b> on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <b>W. Martin</b> (Degree or title) <b>Coroner</b>	22b. ADDRESS <b>O. Desa</b>	22c. DATE SIGNED <b>10-31-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>10/31/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MT. MORIAH</b>
23d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MO</b>		23e. DATE RECD. BY LOCAL REG. <b>NOV. 2. 1960</b>

24. FUNERAL DIRECTOR <b>E. S. JAMES</b>	26. REGISTRAR'S SIGNATURE <b>Lutie Gordon Jordan</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 29 1960

NOV 14 1960

VS JAN 5 1961

**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 me, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed E. S. Janna

Licensed Embalmer No. 205

P. O. Address Concord

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.