

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028326
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3613

FILED JUL 22 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Jackson		a. STATE Missouri COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 33 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 Research Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3804 Vineyard Rd. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First	Middle	Last	Month	Day	Year
Eva Grace Garwood			6-27-1963		

5. SEX Female	6. COLOR OR RACE Cauc.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-12-1907	9. AGE (last birthday) 56	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR 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 Domestic	11. BIRTHPLACE (City and state or country) Perry, Iowa	12. CITIZEN OF WHAT COUNTRY U.S.A.
---	--	--	--

13a. FATHER'S NAME Fernando Leeka	13b. MOTHER'S MAIDEN NAME Clara Eyeland	14. NAME OF HUSBAND OR WIFE Frank L. Garwood
---	---	--

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.	17. INFORMANT Frank L. Garwood Address: 3804 Vineyard Rd, Kansas City, Mo.
--	-------------------------	--

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Pulmonary Edema		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Mitral Stenosis	
DUE TO (c) Rheumatic Heart Disease		
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 type="checkbox"/> No <input type="checkbox"/> 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 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 1956, to June 27-1963 and last saw her ^{then} alive on June 26, 1963
Death occurred at 2:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Don A. Black M.D.</i>	22b. ADDRESS 6400 Prospect H-C Mo	22c. DATE SIGNED 6/28/63
--	---	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-29-63	23c. NAME OF CEMETERY OR CREMATORY White Chapel Cem.	23d. LOCATION (City, town, or county) (State) Kansas City North, Mo.
--	-----------------------------	--	--

24. FUNERAL DIRECTOR ADDRESS D.W. Newcomers Sons, 1331 Brush Creek	25. DATE RECD. BY LOCAL REG. 6-28-63	26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>
--	--	---

Kansas City, Mo. (Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59	1	23578	3	4 /	5 /	6	7 /	8 0	9410X	10	11	1264-0	13
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS													
INSTEAD OF													
DOCUMENT													
MEDICAL CERTIFICATION													
BY AFFIDAVIT OF													
Don A. Black													
SHOULD READ													
ITEM NO.													

USE BLACK INK OR TYPEWRITER RIBBON

12 11 0
12 11 0
12 11 0

Mr. Don Alvin Black Em 1-8209
312 Revere Nat'l Bldg. 6900 Praegerd Avenue

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 Robert A. Boyer
Licensed Embalmer No. 4892

P. O. Address Overland Park, KS

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.