

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-043890

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB AMENDED

VS 300 Rev. 4/59	DATE AMENDED		AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT
1				
20681				
3				
4 0				
5 1				
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7 0				
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11				
12 76-0				
13				
	SHOULD READ			
	BY AFFIDAVIT OF			

USE BLACK INK OR TYPEWRITER RIBBON

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5909 STATE FILE NUMBER

FILE NOV 21 1963

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MONTEAU</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>KANSAS CITY, MISSOURI</u>		Length of stay in 1b <u>55 DAYS</u>	c. CITY OR TOWN <u>TIPTON</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>VA HOSPITAL</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>TIPTON</u>
3. NAME OF DECEASED (Type or print) First <u>OSCAR</u> Middle <u>EARL</u> Last <u>EBERHARDT</u>		4. DATE OF DEATH Month <u>OCTOBER</u> Day <u>31</u> Year <u>1963</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-19-90</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RADIO TECHNICIAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ELECTRONIC</u>	9. AGE (last birthday) <u>72 YRS</u>
13a. FATHER'S NAME <u>WILLIAM C. EBERHARDT</u>		11. BIRTHPLACE (City and state or country) <u>MONTEAU, MISSOURI</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u> <u>WWII</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CEREBRAL VASCULAR ACCIDENT</u>		13b. MOTHER'S MAIDEN NAME <u>MARIA COLLETT</u>	
DUE TO (b) <u>SEPTICEMIA & RENAL FAILURE</u>		14. NAME OF HUSBAND OR WIFE <u>ODESSA EBERHARDT</u>	
DUE TO (c) <u>CANCER OF COLON</u>		16. SOCIAL SECURITY NO. <u>ODESSA EBERHARDT (WIFE)</u> <u>VA HOSPITAL OFFICIAL RECORDS</u>	
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 checked="" 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 <u>3:05</u> a.m. <u>AM</u> 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 <u>VA</u>		COUNTY	STATE
21. I attended the deceased from <u>SEPTEMBER 7, 1963</u> to <u>OCTOBER 31, 1963</u> last seen <u>alive</u> <u>with signs of life</u> Death occurred at <u>3:05 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>10-31-63</u>	
22a. SIGNATURE (Degree or title) <u>[Signature]</u>		22b. ADDRESS <u>VA HOSPITAL, KANSAS CITY, MO</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>10-31-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Brush Creek</u>	23d. LOCATION (City, town, or county) <u>Tipton, Mo</u>
24. FUNERAL DIRECTOR <u>D.W. Newcomers Sons</u> <u>Kansas City, Mo.</u>		25. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

(Licensed Embalmer's Statement on Reverse Side)

DEC 6 1963

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 *Laurel Zucchi*

Licensed Embalmer No. 4096

P. O. Address K.C. 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.