

REC'D AUG 10 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

25433

Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 347
 (b) Township _____ Primary Registration District No. 3018
 (c) City Clinton (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. _____

2. PRINT FULL NAME Terry D. Easterwood 236

(a) Residence, No. Clinton Mo. R.F.D. #1 St. ☐
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 0 10 None

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Leeton Mo (STATE OR COUNTRY) Mo13. NAME W H Easterwood14. BIRTHPLACE (CITY OR TOWN) Warrensburg Mo (STATE OR COUNTRY) Mo15. MAIDEN NAME Imogene Barber16. BIRTHPLACE (CITY OR TOWN) Leeton Mo (STATE OR COUNTRY) Mo17. INFORMANT (ADDRESS) W H Easterwood Clinton Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Leeton Mo DATE 7-2619. FUNERAL DIRECTOR (NAME) Fred Wilkinson (ADDRESS) Clinton Mo20. FILED 8-2 30 Dr J B Hampton Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-25 1938

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1938, to July 25, 1938
 I last saw him alive on 7-25, 1938. Death is said to have occurred on the date stated above, at 11:00 AM.
 The principal cause of death and related causes of importance were as follows:

Heart - EntailisDate of onset 7-12-38

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) H. S. Walker, M. D.(Address) Clinton Mo.

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 _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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 this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

25-433

Do not use this space.

1. PLACE OF DEATH

(a) County Henry

Registration District No. 347

(b) Township Clinton

Primary Registration District No. 3018

(c) City Clinton

(d) Street No.

(e) Length of residence in city or town where death occurred

yrs. mos. ds.

(f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Jerry D. Easternwood

St. ☐

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m

4. COLOR OR RACE w

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (circle the word) s

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-13-1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work
was done, as saw mill, bank, etc.

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

FATHER

13. NAME

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19. FUNERAL DIRECTOR
(ADDRESS)

20. FILED 8-2 1938

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-25-1938

22. I HEREBY CERTIFY, That I attended deceased from

to

I last saw him alive on

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

SUPPLEMENTARY

