

FILED MAR 19 1943
Registration District No. **193**

Primary Registration District No. **4154**

1. PLACE OF DEATH:

(a) County **Dade**
(b) City or town **Greenfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
56 Main Street 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community **1.3 yrs.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Dade**
(c) City or town **Greenfield**
(If outside city or town limits, write "RURAL")
(d) Street No. **56 Main Street**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Ollie Viola Eastin**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced. **Single**

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased. **November 20 1969**
(Month) (Day) (Year)

8. AGE: Years **73** Months **2** Days **13** If less than one day..... hr..... min

9. Birthplace. **Near Everton Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Henscheller**

11. Industry or business.....

MOTHER FATHER
12. Name **David C Eastin**
13. Birthplace **Falmouth Kentucky**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Hawk**
15. Birthplace **Winchester Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Fred Eastin**
(b) Address **110 Main St. Greenfield, Mo**

17. (a) **Burial** (b) Date thereof **2 - 4 - 43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Greenfield Mo Feb 4, 1943**

18. (a) Signature of funeral director **Ralph Allison**
(b) Address **20 S. 2nd St. Greenfield Mo**
19. (a) **Feb 4 43** (b) **Phyllis Lack**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **3**
year **1943** hour **2** minute..... M.

21. I hereby certify that I attended the deceased from **Jan 1 - 43**
....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death:
atherosclerotic Deformans

Due to.....
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature **St. J. Cowan** (M. D. or other).....
Address **Greenfield Mo** Date signed **2-12-43**

Duration
Physician
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,

District File Number 343-316

Date Filed MAR 5 1943

Not embalmed

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.