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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

41200 ✓

State File No.

FILED JAN 25 1946

Registration District No. 128

Primary Registration District No. 5466

Registrar's No. 1085

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town RURAL, S. CAMPBELL TWP.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: OZARK OSTEOPATHIC HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED: (NO [illegible])

(a) State Kansas (b) County Crawford 997

(c) City or town Pittsburg 14
(If outside city or town limits, write "RURAL")

(d) Street No. ..... (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 2

If yes, name country .....

3. (a) PRINT FULL NAME BABY EASLEY Boy (a)

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife None

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

7. Birth date of deceased 12 (Month) - 28 (Day) - 45 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	0	0	0	0 hr. 10 min.

9. Birthplace SPRINGFIELD (City, town, or county) NO. 0 (State or foreign country)

10. Usual occupation Infant

11. Industry or business —

FATHER
12. Name TEDDY L. EASLEY
13. Birthplace SEYMOUR (City, town, or county) MO. 0 (State or foreign country)

MOTHER
14. Maiden name RACHEL E. CORNLIUS
15. Birthplace SEYMOUR (City, town, or county) MO. 0 (State or foreign country)

16. (a) Informant TEDDY L. EASLEY
(b) Address SEYMOUR, MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-29-45 (Month) (Day) (Year)
(c) Place: burial or cremation Day Cemetery - S. of Seymour

18. (a) Signature of funeral director R. K. Kelley
(b) Address Seymour MO

19. (a) 12-29-45 (Date received local registrar) (b) Dr W E Hauley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 28 year 1945 hour 3 minute 45 PM

21. I hereby certify that I attended the deceased from Dec. 28 3 45 pm 30, 1945, to Dec 28 3 55 pm, 1945 that I last saw him alive on Dec. 28, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Premature Birth 6 months	
Due to: Premature labor due to exposure of mother	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy 159

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

23. Signature R. A. Michael DO (M.D. or other)
Address Springfield Mo Date signed 12-28-45

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(Licensed Embalmer's Statement on Reverse Side)

This Body was 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 with the above constitutes grounds for revocation of license.)

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