

No. 300
M-10-47
v. 5-17-39
I 3906

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29456
Registrar's No. 836

Registration District No. 128

Primary Registration District No. 2100

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield

(c) Name of hospital or institution: St Johns
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

In this community Same as above

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright

(c) City or town Mountain Grove
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3: (a) PRINT FULL NAME CHARLES CHRISTIAN EASTIN

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ethel Eastin

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased January 4 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>8</u>	<u>28</u>	hr. min.

9. Birthplace Clay County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Implement Dealer

11. Industry or business

12. Name William H Eastin

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Amanda Harris

15. Birthplace Clay County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Alan Eastin

(b) Address Mountain Grove

17. (a) Burial (b) Date thereof: 10-4-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mountain Grove, Mo.

18. (a) Signature of funeral director Grable - Windle

(b) Address Mountain Grove, Missouri

19. (a) 10-6-48 (b) W J Handley M D
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 2
year 1948 hour 11:15 minute A M.

21. I hereby certify that I attended the deceased from OCT 1
1948 to OCT 2 1948;

that I last saw him alive on OCT 2 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease with Complete Heart Block

Due to Block

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

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

(a) Accident, suicide, or homicide (specify) none

(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) (a) Means of injury

23. Signature William J. Dand (M. D. or other)
Address 209 Professional Bldg. Springfield, Mo. Date signed 10/4/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Lee Mason

Licensed Embalmer No. 4568

P. O. Address Springfield, 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 this body is not embalmed, fact should be so stated above.