

FILED JUL 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18595

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 165

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Boone 10	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia	
c. LENGTH OF STAY (In this place) Lifetime		d. STREET ADDRESS (If rural, give location) 401 N. 8th St.	
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) HENRY c. (Last) EASLEY			4. DATE OF DEATH (Month) (Day) (Year) June 28, 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 13, 1856
9. AGE (In years last birthday) 93		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	11. BIRTHPLACE (State or foreign country) Boone County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Moss Easley	13b. MOTHER'S MAIDEN NAME _____
14. NAME OF HUSBAND OR WIFE Mary Adeline Grant Easley		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mrs. Mont Wilhite, 401 N. 8th St., Columbia		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bright's Disease		MEDICAL CERTIFICATION	
ANTECEDENT CAUSES		INTERVAL BETWEEN ONSET AND DEATH 16 yrs	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____	
DUE TO (c) _____		592X	
II. OTHER SIGNIFICANT CONDITIONS		6700	
Conditions contributing to the death but not related to the disease or condition causing death. Epithelioma on neck		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION _____	21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR _____	
22. I hereby certify that I attended the deceased from Jan 15, 1949, to June 28, 1949, that I last saw the deceased alive on June 26, 1949 and that death occurred at 12:00 a. m., from the causes and on the date stated above.			
23a. SIGNATURE F. C. Suggitt M. D. Columbia		23b. ADDRESS _____	23c. DATE SIGNED 6-29-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 29, 1949	24c. NAME OF CEMETERY OR CREMATORY Nashville Cemetery	24d. LOCATION (City, town, or county) (State) Boone County, Missouri
DATE REC'D BY LOCAL REG. July 1 1949	REGISTRAR'S SIGNATURE Mrs. R. E. Palmer	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 31 Parker Funeral Service, Columbia, Mo.	

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

RECEIVED
JUL 6 1949
District Health Officer No. 9,
District File Number

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
Student Embalmer

Signed *M. D. Whitman*

Licensed Embalmer No. *3893*

P. O. Address *Columbia 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.