

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED AUG 24 1949

State File No. **27571**

BIRTH NO. _____ REG. DIST. NO. **270** PRIMARY REG. DIST. NO. **3050** Registrar's No. **60**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY PEMISCOT	b. CITY (If outside corporate limits, write RURAL and give township) CAROTHERSVILLE	a. STATE TENN.	b. COUNTY 999
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) MCKENZIE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 509 E. 9TH ST. 3		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)	a. (First) WILBUR	b. (Middle) LEE	c. (Last) EASLEY	4. DATE OF DEATH (Month) (Day) (Year) AUG 12, 1949
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH FEB. 7, 1869	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (State or foreign country) MCKENZIE, TENN	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME WILLIAM EASLEY	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE ---
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY (If yes, give war or dates of service) ---	17. INFORMANT'S SIGNATURE OR NAME LUTHER YOUNG	ADDRESS CAROTHERSVILLE, MO
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 42.22
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr. Myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Sexuality		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Aug 5, 1949, to Aug 12, 1949, that I last saw the deceased alive on Aug 12, 1949, and that death occurred at 8:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title)	23b. ADDRESS Carothersville, Mo	23c. DATE SIGNED 8/12/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 8-13-49	24c. NAME OF CEMETERY OR CREMATORY MAPLE	24d. LOCATION (City, town, or county) (State) CAROTHERSVILLE, MO
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DATE REC'D BY LOCAL REG. 8-15-1949	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE C.H.S. SMITH	ADDRESS FUNERAL HOME, CAROTHERSVILLE, MO.
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

No. 306
10. 48

10-1-2

8-49-232

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 _____

Body Was Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

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.