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

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5135 Registrar's No. 783

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural...Ash Hill Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RuralAsh Hill Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Brosley,R.R.1</u>		d. STREET ADDRESS (If rural, give location) <u>Brosley.....R.R.1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>HANZEL</u> b. (Middle) _____ c. (Last) <u>EASTWOOD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 23, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SINGLE (Specify) <u>Single</u>	8. DATE OF BIRTH <u>1/1/1929</u>
9. AGE (In years last birthday) <u>21</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>22</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Butler Co., Mo.</u>
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>Claude Eastwood</u>	
13b. MOTHER'S MAIDEN NAME <u>Dorothy M^s Neil</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Claude Eastwood - Brosley, Mo.</u> ADDRESS _____
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Internal Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gun shot wound Right side</u> DUE TO (c) <u>while hunting</u> 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 <u>012</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farmer's</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Butler Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9/23-50 9 A m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>accidental Discharge of Rifle</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Charles W. Beer, coroner</u>		23b. ADDRESS <u>Poplar Bluff, Mo</u>	23c. DATE SIGNED <u>9/25-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/25/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mole Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Butler Co., Mo.</u>
DATE REC'D BY LOCAL REG. <u>Sept 26 1950</u>	REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> 428	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>FRANK *COTRELL.....Poplar Bluff, Mo.</u>	

RECEIVED

OCT 3 1950

BUTLER CO. HEALTH CENTER

FILE No. 1050-396

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 George A. Kerby

Licensed Embalmer No. 4752

P. O. Address Poplar Bluff

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.