

FILED OCT 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33988

State File No. ....

154

BIRTH NO. 124 REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lexington</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lexington</u>	
c. LENGTH OF STAY (in this place) <u>60 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1622 Lafayette St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1622 Lafayette St.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 26 1950</u>	
3. NAME OF DECEASED a. (First) <u>Grace</u> b. (Middle) <u>Lee</u> c. (Last) <u>Eastham</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
5. SEX <u>Female</u>		8. DATE OF BIRTH <u>Sept. 5, 1881</u>	
6. COLOR OR RACE <u>White</u>		9. AGE (In years last birthday) <u>69</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dept. Store</u>	
11. BIRTHPLACE (State or foreign country) <u>Anderson, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John E. Eastham</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Staley</u>	
14. NAME OF HUSBAND OR WIFE <u>XXXX</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>	
16. SOCIAL SECURITY NO. <u>don't know</u>		17. INFORMANT'S SIGNATURE OR NAME <u>E. Lynn Eastham, Lexington, Mo.</u>	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> INTERVAL BETWEEN ONSET AND DEATH  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>History of pain in chest, sweating &amp; palpitations</u> DUE TO (c) <u>Faint dead 9:20 9/24/50</u>  2. 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>No operation</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>No injury</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 <u>called as coroner 9/27/1950</u> , to <u>9/27/1950</u> , that I last saw the deceased alive on <u>9/27/1950</u> , and that death occurred at <u>9:20 P.M.</u> , from <u>the disease and on the date stated above.</u>	
23a. SIGNATURE (Degree or title) <u>W. Martin M.D.</u>		23b. ADDRESS <u>O. Jesse Ann</u>	
23c. DATE SIGNED <u>9/27/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>9/28/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Machpelah</u>	
24d. LOCATION (City, town, or county) (State) <u>Lexington, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Forest F. Temple Lexington Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct 13, 1950</u>		REGISTRAR'S SIGNATURE <u>Thomas E. Eastham</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 10-16-58

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed 10-16-58 -----

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 -----

working under my personal supervision.

Student Embalmer No. -----

Signed *Les McKeon* -----

Signed -----

Student Embalmer

Licensed Embalmer No. 2983

P. O. Address *Zenith, 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.