S. No. 300
V. 10.48

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FILED MAR 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11260

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4499 Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY: Shelby county
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelbina, Mo.
c. LENGTH OF STAY (In this place): 2 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Shelby
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hunnewell, Mo. 1020
d. STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED (Type or Print)
a. (First) ANDREW b. (Middle) EASDALE c. (Last)

4. DATE OF DEATH (Month) (Day) (Year): 3-22-1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 23 8-23-1872
9. AGE (In years last birthday): 78 — If under 1 year: Months 6 Days 30 — If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Scotland
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James Easdale
13b. MOTHER'S MAIDEN NAME: Jane Munro
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: X
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Mrs. Mary Jett, 2647 N. 21st. St. Kansas City, Kan.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: Mar 20.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary heart disease & coronary thrombosis — Feb. 20
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death:* Hypertension & chronic nephritis

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION: 0
20. AUTOPSY? YES ☐ NO ☒

4201

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 2, 1950 *to* Mar 22, 1951, *that I last saw the deceased alive on* 6:00 P.M. 1951 *and that death occurred at* 7:40 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Gladys Bower (Degree or title): DO-V
23b. ADDRESS: Shelbina Mo.
23c. DATE SIGNED: Mar 24 1951

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-24-1951
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F.
24d. LOCATION (City, town, or county) (State): Hunnewell, Mo.

DATE REC'D BY LOCAL REG.: 3-24-51
REGISTRAR'S SIGNATURE: Ada Garrison 419
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Barkelew-Hawkins, Shelbina, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

APR 9 1951

MAR 31 1951

MAR 28 1951

Date Received: MAR 26 1951
DISTRICT HEALTH OFFICE #2
District File Number 3-51-6
Date Filed: MAR 27 1951

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 C W Hawkins

Licensed Embalmer No. 3498

P. O. Address Shelbina - 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Kansas
County of Wyandotte } ss.

State File No. 11260

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 6 day of April, 1951, before me appears Mrs. Mary Jett, who, upon her oath, states that the original record of ~~birth~~ death for Andrew Easdale died March 22, 1951, in the State of Missouri, and which was filed at Jefferson City, Mo. on ....., 19....., should be corrected as follows:

Item No. 8 should read 8/23/1872
Instead of 8/22/1872

Item No. 9 should read 78 years 6 months 30 days
Instead of 78 years 7 months

Item No. ..... should read .....
Instead of .....

Item No. 22 should read that I last saw the deceased alive on 6:00 P.M. 1951
Instead of 1950

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs Mary Jett Daughter
Relationship.

2647 N. 21 street Kansas City, Kansas
Present Address.

Subscribed and sworn to before me this 6 day of April, 1951.

My Commission expires My Commission Expires June 25, 1953 Helen Henderson Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
M—4-43
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