

FILED APR 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13441

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caruthersville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caruthersville</u>	
c. LENGTH OF STAY (in this place) <u>76 Years</u>		d. STREET ADDRESS (If rural, give location) <u>107 W. 12th. Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>107 W. 12th. Street</u>		e. FULL NAME OF HOSPITAL OR INSTITUTION _____	
3. NAME OF DECEASED a. (First) <u>Frank</u> b. (Middle) <u>Byrd</u> c. (Last) <u>Eastwood</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 18 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 25, 1874</u>
9. AGE (In years last birthday) <u>76</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	11. BIRTHPLACE (State or foreign country) <u>Caruthersville, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Frank Byrd Eastwood</u>		14. NAME OF HUSBAND OR WIFE <u>Carrie Eastwood</u>	
13b. MOTHER'S MAIDEN NAME <u>Drusilla Snow</u>		13c. NAME OF DECEASED'S ADDRESS <u>107 W. 12th. St. Caruthersville, Mo.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Carrie Eastwood</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Coronary occlusion</u> <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	
19. DATE OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>4201</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
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>April 16, 1951</u> to <u>April 18, 1951</u> , that I last saw the deceased alive on <u>April 16, 1951</u> , and that death occurred at <u>2:30 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>O. J. Cain</u>		23b. ADDRESS <u>Caruthersville Mo 4-21-51</u>	
23c. DATE SIGNED _____		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>April 20, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Little Prairie</u>	
24d. LOCATION (City, town, or county) (State) <u>Caruthersville, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H.S. Smith</u>	
25. ADDRESS <u>Caruthersville, Missouri</u>		26. DATE REC'D BY LOCAL REG. <u>4-23-1951</u>	
26. REGISTRAR'S SIGNATURE <u>Jessie B. Wilkins</u>		27. ADDRESS <u>808 Ward Ave. Caruthersville, Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

4-51-114

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

APR 28 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 W. Denver Dike

Licensed Embalmer No. 4484

P. O. Address Caruthersville, 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.