

FILED NOV 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36404

State File No. ....

No. 300  
10. 48

|  |  |  |  |   |  |   |  |
|--|--|--|--|---|--|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>42</u>   |  | PRIMARY REG. DIST. NO. <u>1000</u>  |  | Registrar's No. <u>1158</u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Buchanan</u>   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> |  |   |  |
| b. CITY OR TOWN <u>St. Joseph</u>  |  | c. LENGTH OF STAY (in this place) <u>Lifetime</u>  |  | c. CITY OR TOWN <u>St. Joseph</u>   |  | d. STREET ADDRESS (If rural, give location) <u>803 N. 25th Street</u>       |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>   |  |  |  | 3. NAME OF DECEASED<br>a. (First) <u>Mathilde</u> b. (Middle) <u>Lenore</u> c. (Last) <u>Easing</u>   |  |   |  |
| 4. DATE (Month) (Day) (Year) OF DEATH <u>November 10, 1951.</u>  |  | 5. SEX <u>Female</u>   |  | 6. COLOR OR RACE <u>White</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>       |  |
| 8. DATE OF BIRTH <u>May 29, 1880</u>   |  | 9. AGE (in years last birthday) <u>71</u>  |  | 10. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>  |  | 11. BIRTHPLACE (State or foreign country) <u>Beloit, Kansas.</u>            |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>  |  | 11. BIRTHPLACE (State or foreign country) <u>Beloit, Kansas.</u>  |  | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>                                     |  |
| 13a. FATHER'S NAME <u>Carl Lohr</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Julia Gross</u>   |  | 14. NAME OF HUSBAND OR WIFE <u>G. Victor Easing</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>John P. Easing</u> ADDRESS <u>Kansas City, Mo.</u>   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc.* It means the disease, injury, or complication which caused death.                              |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subarachnoid Hemorrhage</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Accidental Injury</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>E9040</u> |  |   |  | INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>                              |  |
| 19a. DATE OF OPERATION _____   |  | 19b. MAJOR FINDINGS OF OPERATION <u>131</u>  |  | 20. AUTOPSY? <u>21</u><br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |  |   |  |
| 21a. ACCIDENT SUICIDE HOMICIDE <u>Accident</u>   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>   |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Joseph, Buchanan, Mo</u>   |  |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11 9 51 9A</u>  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR? <u>FALL</u>  |  |   |  |
| 22. I hereby certify that I attended the deceased from <u>Nov 9, 1951</u> , to <u>Nov 10, 1951</u> , that I last saw the deceased alive on <u>Nov 10, 1951</u> , and that death occurred at <u>12:50P m.</u> , from the causes and on the date stated above. |  |  |  |   |  |   |  |
| 23a. SIGNATURE <u>Robert Conrad</u> (Degree or title) <u>MD</u>  |  |  |  | 23b. ADDRESS <u>St. Joseph, Mo.</u>   |  | 23c. DATE SIGNED <u>11/13/51</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |  | 24b. DATE <u>Nov. 12, 1951.</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cemetery</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri.</u> |  |
| DATE REC'D BY LOCAL REG. <u>Nov. 14, 1951</u>  |  | REGISTRAR'S SIGNATURE <u>Carl C. Casulo</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Mischoff</u>   |  | ADDRESS <u>St. Joseph, Mo.</u>  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

MISSOURI

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 *Albert E. Harrington*

Licensed Embalmer No. 3258 Missouri.

P. O. Address. St. Joseph, Missouri.

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.