No. 300
10-48

FILED JUN 21 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 3000

State File No. 19214

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. ~~4402~~ Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Adair 0013 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brashear-Kirksville
c. LENGTH OF STAY (in this place): 48 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Laughlin Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Adair 0010
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brashear 1
d. STREET ADDRESS (If rural, give location): Kirksville, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Foster
b. (Middle): Ray
c. (Last): Easley

4. DATE OF DEATH (Month) (Day) (Year): June 15.52

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 1
8. DATE OF BIRTH: Nov.28,1880
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

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

13a. FATHER'S NAME: George B. Easley
13b. MOTHER'S MAIDEN NAME: Alice Spencer
14. NAME OF HUSBAND OR WIFE: Mrs. Foster R. Easley

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.: unk.
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Foster Easley — ADDRESS: Brashear. Mo.

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) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congestive Heart Failure — 3 months
DUE TO (c) Auricular Fibrillation + Left Bundle Branch Block — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Coronary Thrombosis — ?

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

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? 4-3 4-1

22. *I hereby certify that I attended the deceased from* April 19, 1952, *to* June 15, 1952, *that I last saw the deceased alive on* June 15, 1952, *and that death occurred at* 11 43 *A.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. T. Rhoads D.O. — **23b. ADDRESS**: Kirksville, Mo — **23c. DATE SIGNED**: 6-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: June 17.52
24c. NAME OF CEMETERY OR CREMATORY: Maple Hills Cemetery
24d. LOCATION (City, town, or county) (State): Kirksville, Mo.

DATE REC'D BY LOCAL REG.: 6-17-52
REGISTRAR'S SIGNATURE: Kate Lambert
25. FUNERAL DIRECTOR'S SIGNATURE: Randolph Davis — **ADDRESS**: Kirksville

45.

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 8 1957

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.....
Student Embalmer

Signed Donald L. Roberts

Licensed Embalmer No. 4722

P. O. Address Kirksville 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.