

STANDARD CERTIFICATE OF DEATH

FILED

State File No. 233

DEC 11 1952

BIRTH NO. REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 4470 Registrar's No. 233

0970

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

1. PLACE OF DEATH a. COUNTY <i>Saline</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Saline</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Arrow Rock</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Arrow Rock</i>	
c. LENGTH OF STAY (In this place) <i>1 1/2 yr</i>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <i>MITCHELL</i> b. (Middle) <i>SYLVESTER</i> c. (Last) <i>EASTHAM</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Dec. 8, 1952</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>April 13, 1888</i>	9. AGE (In years last birthday) <i>64</i>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Engineer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Light Plant</i>		11. BIRTHPLACE (State or foreign country) <i>Missouri</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>					

13a. FATHER'S NAME <i>James C. Eastham</i>		13b. MOTHER'S MAIDEN NAME <i>Vivian King</i>		14. NAME OF HUSBAND OR WIFE <i>Phoebe Jane Eastham</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>496-05-9711</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. Everett Powell Booneville Mo.</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>30 minutes</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Occlusion</i>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Organic heart lesion</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <i>✓</i>	19b. MAJOR FINDINGS OF OPERATION <i>✓</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>✓</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>✓</i>

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR
22. I hereby certify that I <i>made an investigation</i> <i>Pratt</i> to <i>9</i> 1952, 19___, that I last saw the deceased alive on ___ 19___, and that death occurred at <i>20 p. m.</i> , from the causes and on the date stated above.		

23a. SIGNATURE (Degree or title) <i>L. Laules M.D. Coroner Saline Co</i>		23b. ADDRESS <i>Marshall Mo.</i>		23c. DATE SIGNED <i>12-9-52</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Dec. 11, 1952</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Arrow Rock Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Arrow Rock Mo.</i>	

DATE REC'D BY LOCAL REG. <i>12-9-1952</i>	REGISTRAR'S SIGNATURE <i>Budney F Gray</i>	385	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Harry Hershberger Marshall Mo.</i>
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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.....

Joseph R. Markle
.....
Licensed Embalmer No. *4571*

P. O. Address *Marshall 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.