

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

10651

State File No.

FILED MAR 30 1953

BIRTH NO. REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3045 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miss.</u>	
b. CITY OR TOWN <u>Charleston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston</u>	
c. LENGTH OF STAY (In this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>616 Renfro Alley</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>700 Block on Grand Ave.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Amos</u> b. (Middle) <u>Easton</u> c. (Last) <u>Easton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 15, 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>Oct. 6, 1949</u>	9. AGE (In years last birthday) <u>3</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Charleston, Missouri</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Robert Easton</u>	13b. MOTHER'S MAIDEN NAME <u>Ruth Mae Evans</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Robert Easton, 616 Renfro St., Charleston, Mo</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull fracture</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Instantly</u>
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>ran in to road and struck by car driven by Duke Harrison</u> 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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Charleston Miss Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) <u>3-15-53</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Struck by car</u>

22. I hereby certify that I attended the deceased from 18, 1953, to 19, 1953, that I last saw the deceased alive on 19, 1953, and that death occurred at 4:30 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Clare Shelby, 3</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>East Prairie Mo.</u>	23c. DATE SIGNED <u>3-16-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 19, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Charleston, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3-25-53</u>	REGISTRAR'S SIGNATURE <u>Jean Parker</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>F. J. Sparks</u> ADDRESS <u>Charleston, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0672
3

0672

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IF UNDER 1 YEAR Months 5 Days 9

067 E8124 25

MAR 26 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed MAR 27 1953

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 _____

Frank Sparks

Signed.....
Student Embalmer

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau 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.