No. 300
10.48

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

FILED APR 22 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13115

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 139

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Macon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Richland 0610 1
d. STREET ADDRESS (If rural, give location): West Of LaCrosse Mo

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

4. DATE OF DEATH (Month) April (Day) 14 (Year) 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Febuary 25 1864
9. AGE (In years last birthday): 84 — If under 1 year: Months 1, Days 20, Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: William Easley
13b. MOTHER'S MAIDEN NAME: Elizabeth Mossbarger
14. NAME OF HUSBAND OR WIFE: Roda L. Easley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Roda L. Easley
ADDRESS: LaCrosse 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) Chronic nephritis — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*
Cerebral sclerosis E9030 — unknown
Fracture right femur 20 — 1-22-53

19a. DATE OF OPERATION: 1-24-53
19b. MAJOR FINDINGS OF OPERATION: Stabilization intertrochanteric fracture femur 061
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): West of LaCrosse, Mo. Macon Co
21d. TIME OF INJURY (Month) 1 (Day) 22 (Year) 53 (Hour) ?m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Went outside house and fell

22. *I hereby certify that I attended the deceased from* 1-23, 19 53, *to* 4-14-53 19____, *that I last saw the deceased alive on* 4-14-53, 19____, *and that death occurred at* 8:23 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Earl Laughlin Jr (Degree or title) D.O.
23b. ADDRESS: Kirksville, Mo.
23c. DATE SIGNED: 4-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/16-1953
24c. NAME OF CEMETERY OR CREMATORY: Chariton Grove
24d. LOCATION (City, town, or county) (State): Macon Mo

DATE REC'D BY LOCAL REG.: 4-20-53
REGISTRAR'S SIGNATURE: Nate Lambert 1-0
25. FUNERAL DIRECTOR'S SIGNATURE: W. H. McCollum
ADDRESS: South Gifford Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Clyde M. Collins

Licensed Embalmer No. 3226

P. O. Address South Gifford 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.