

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21994**

FILED JUL 13 1953

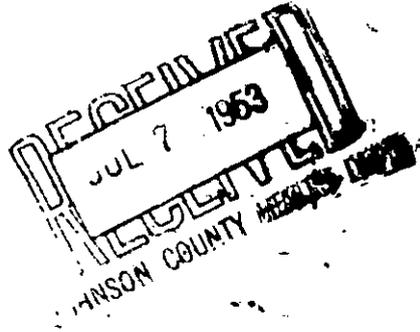
BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 2032 Registrar's No. 9796

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

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Warrensburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Holden</u>	
c. LENGTH OF STAY (in this place) <u>7 days</u>		0510	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Warrensburg Clinic</u>		d. STREET ADDRESS (If rural, give location) <u>Route # 2</u>	
3. NAME OF DECEASED (Type or Print) <u>William</u>		a. (First) <u>WILLIAM</u>	b. (Middle) <u>L.</u>
		c. (Last) <u>EASTHAM</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July-2-1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 17-1885</u>
9. AGE (In years last birthday) <u>67</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Public Transit</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>KANSAS CITY, MO.</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Nettie EASTHAM</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Charles E. Baum</u> ADDRESS <u>H.C. Mo</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Stroke - Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Congestive failure -</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>		5 yrs	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>443x</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>6-25</u> , 19 <u>53</u> , to <u>7-2</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>7-2-53</u> , 19 <u>53</u> , and that death occurred at <u>2:47</u> p.m., from the causes and on the date stated above.	
23a. SIGNATURE <u>David R Holmes</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>122 Market Warrensburg Mo.</u>	
23c. DATE SIGNED <u>7-2-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal & Burial</u>	
24b. DATE <u>July 2-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Warrensburg Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Warrensburg, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C.H. Blackman & Son Inc</u> ADDRESS _____	
DATE REC'D BY LOCAL REG. <u>July 5, 1953</u>		REGISTRAR'S SIGNATURE <u>Savannah Whitefield</u>	

K.C. Mo



APR 29 1954

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 W.C. Rinne

Licensed Embalmer No. 4879

P. O. Address W.C. 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.