

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

State File No. **34712**

No. 300
10.48

FILED SEP 28 1953

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **187**

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall	
c. LENGTH OF STAY (in this place) 17 days		d. STREET ADDRESS (If rural, give location) 776 West Boyd	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbon Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Henrietta b. (Middle) May c. (Last) Eastham			4. DATE OF DEATH (Month) (Day) (Year) Sept. 21, 1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH April 23, 1877		9. AGE (In years last birthday) 76		10. UNDER 1 YEAR Months 4 Days 29	
11. BIRTHPLACE (City and State or Foreign Country) Pella, Iowa		12. CITIZEN OF WHAT COUNTRY? USA			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home			

13a. FATHER'S NAME Daniel W. Dobbs		13b. MOTHER'S MAIDEN NAME Sarah Voorhees		14. NAME OF HUSBAND OR WIFE Henry Moore Eastham	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Henry M. Eastham	
				ADDRESS Marshall, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Fractured left hip and					
		DUE TO (c) dislocated left shoulder.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) 097		(COUNTY) Saline (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <input checked="" type="checkbox"/>		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 attended the deceased from Sept 4, 1953, to Sept 20, 1953, that I last saw the deceased alive on Sept 20, 1953, and that death occurred at 4 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) P. L. Lawless M.D.		23b. ADDRESS Marshall Mo.		23c. DATE SIGNED 9-22-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 23, 1953		24c. NAME OF CEMETERY OR CREMATORY Arrow Rock Cemetery	
				24d. LOCATION (City, town, or county) (State) Arrow Rock, Mo.	

DATE REC'D BY LOCAL REG. 9-22-1953		REGISTRAR'S SIGNATURE Lidney F Gray		25. FUNERAL DIRECTOR'S SIGNATURE Campbell-Lewis	
				ADDRESS MARSHALL, Mo.	

(License Embalmer's Statement on Reverse Side)

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

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 _____

Licensed Embalmer No. 4709

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.