S. No. 300
v. 10.48

FILED NOV 23 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39632

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5661 Registrar's No. 90

0560

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

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: LEWIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HIGHLAND TWP. 0560
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print): a. (First) Stephen b. (Middle) A. c. (Last) East

4. DATE OF DEATH (Month) (Day) (Year): Nov. 9, 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 12. 1900
9. AGE (In years last birthday): 62 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: General
11. BIRTHPLACE (City and State or Foreign Country): Lewis Co. MO 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Stephen W. East
13b. MOTHER'S MAIDEN NAME: Anna Alexander
14. NAME OF HUSBAND OR WIFE: Lillian East

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: Lillian East ADDRESS: Ewing

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): CORONARY INSUFFICENCY — INTERVAL BETWEEN ONSET AND DEATH: 30 MO 0

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* MARCH, 1953, *to* 11/9, 1953, *that I last saw the deceased alive on* 11/9, 1953, *and that death occurred at* 4:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W L Ellen MD 0
23b. ADDRESS: La Grange Mo
23c. DATE SIGNED: 11/11/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 11-11-53
24c. NAME OF CEMETERY OR CREMATORY: Dover
24d. LOCATION (City, town, or county) (State): 9 - N.E. of Ewing Mo.

DATE REC'D BY LOCAL REG.: 11-16-53
REGISTRAR'S SIGNATURE: P.W. Jennings M.D. 161-0
25. FUNERAL DIRECTOR'S SIGNATURE: Thomas Ball ADDRESS: Ewing, 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 Thomas Ball

Licensed Embalmer No. 1744

P. O. Address Ewing, 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.