

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42363

State File No. ....

No. 300  
10.48

FILED JAN 12 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 3014 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Platte</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Liberty</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Liberty</u> <u>6001</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>H 18 N. Prarie</u>			d. STREET ADDRESS (If rural, give location) <u>H 18 N. Prarie</u> ✓		

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>WESTER</u> c. (Last) <u>EABEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 31-53</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 4-1899</u>		9. AGE (In years last birthday) <u>54</u>		10. UNDER 1 YEAR Months <u>0</u> Days <u>27</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Clinton Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Baker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>			

13a. FATHER'S NAME <u>Arthur Ealey</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Lovelady</u>		14. NAME OF HUSBAND OR WIFE <u>Blanche Ealey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Vivail Ealey</u> ADDRESS <u>Liberty 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, 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) <u>Coronary occlusion</u>			DUE TO (b) <u>Arterio-sclerotic heart disease</u>			<u>3 hrs.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c)			<u>Unknown</u>	
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 <u>4200</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) (Min.)		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 12/31, 1953, to 12/31, 1953, that I last saw the deceased alive on 12/31, 1953, and that death occurred at 2:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. O. Schroeder</u>		23b. ADDRESS <u>Liberty, Mo.</u>		23c. DATE SIGNED <u>1/2/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 4-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>	
		24d. LOCATION (City, town, or county) (State) <u>Liberty Mo.</u>			

DATE REC'D BY LOCAL REG. <u>Jan. 4, 1954</u>		REGISTRAR'S SIGNATURE <u>Idabel Graham</u> <u>491</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Church Archer</u> ADDRESS <u>Liberty, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

6001

JAN 25 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 Harold Gordon Smit

Licensed Embalmer No. 4575

P. O. Address Liberty, Me

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.