

8617

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300

10.48

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| BIRTH NO. <u>FILED APR 7 1954</u> | | REG. DIST. NO. <u>149</u> | PRIMARY REG. DIST. NO. <u>1002</u> | Registrar's No. <u>1228</u> |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. LENGTH OF STAY (In this place) <u>38 yrs.</u> | c. CITY OR TOWN <u>Kansas City</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1314 Holmes</u> | | e. STREET ADDRESS (If rural, give location) <u>1314 Holmes</u> <u>3148</u> | | |
| 3. NAME OF DECEASED a. (First) <u>Clifford Earnest</u> (Type or Print) | | b. (Middle) <u>Easley</u> | c. (Last) <u>Easley</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 16, 1954</u> |
| 5. SEX <u>2</u> <u>Male</u> | 6. COLOR OR RACE <u>Colored</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Nov. 3, 1896</u> | 9. AGE (In years last birthday) <u>57</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 1 HRS.: Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Lincoln Nebraska</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13a. FATHER'S NAME <u>Jerome Easley</u> | | 13b. MOTHER'S MAIDEN NAME <u>Anna Douglas</u> | 14. NAME OF HUSBAND OR WIFE <u>Julia Easley</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>-</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Julia Easley</u> ADDRESS <u>1314 Holmes</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>Cancer, Primary site - prostate</u> ANTECEDENT CAUSES DUE TO (b) <u>Dehydration, starvation</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | INTERVAL BETWEEN ONSET AND DEATH <u>12 months</u> <u>2 weeks</u> <u>197X</u> |
| 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) | 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 <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>1/6</u> , 19 <u>54</u> , to <u>3/16</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>1/16</u> , 19 <u>54</u> , and that death occurred at <u>4 A.</u> m., from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE: <u>Paul C. Platt</u> (Degree or title) <u>0</u> | | 23b. ADDRESS <u>1222 Meyer K.C. Mo.</u> | 23c. DATE SIGNED <u>3/17/54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>3/19/54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>-</u> | 24d. LOCATION (City, town, or county) (State) <u>Lincoln, Nebraska</u> | |
| DATE REC'D BY LOCAL REG. <u>3-19-54</u> | REGISTRAR'S SIGNATURE <u>Sheldine Smith</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Bess</u> ADDRESS <u>18th & Benton Blvd.</u> | | |

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

(Licensed Embalmer's Statement on Reverse Side)

215111

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.....
Signature of Student Embalmer

Signed *James L. Watkins*.....

Licensed Embalmer No. *450*

P. O. Address *18th & Ben*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.