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FILED FEB 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4543**

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>West Plains</u>)	c. LENGTH OF STAY (in this place) township) <u>12 hrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"Rural" Sisson Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christa Hogan Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Pomona, Mo., Route 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>HERBERT</u> b. (Middle) <u>LESLIE</u> c. (Last) <u>EASTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 15, 1956</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>July 8, 1887</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Dudley, Iowa.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Tom Easton</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Varner</u>		14. NAME OF HUSBAND OR WIFE <u>Betty Allen Click Easton</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Herbert L. Easton, Pomona, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 hrs.</u> <u>10 yrs.</u> <u>10 yrs.</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
	DUE TO (c) <u>Arterio sclerosis</u>		
	II. OTHER SIGNIFICANT CONDITIONS <u>Arterio sclerosis</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>331x</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 2/14, 1956, to 2/15/56, that I last saw the deceased alive on 2/15/56, 1956, and that death occurred at 5:30A m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. Callahan M.D.</u> (Degree or title)	23b. ADDRESS <u>West Plains, Missouri</u>	23c. DATE SIGNED <u>2/17/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Feb. 17, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mackey Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Pomona, Howell Co., Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Feb. 23, 1956</u>	REGISTRAR'S SIGNATURE <u>Blodys Harrison</u> 379 <i>Deputy Registrar</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hal Steenberg</u> W. Plains, Mo.
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(Licensed 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. X

working under my personal supervision.

Student
Student Embalmer

Signed

Hal Shouben

Licensed Embalmer No. 3408

P. O. Address W. Plain

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.