

FILED AUG 14 1956

STANDARD CERTIFICATE OF DEATH

25713

STATE FILE NUMBER

Registration District No. 337 Primary Registration District No. 6144 Registrar's No. 46

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|---|----------------------------------|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Shelby</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Emden</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN <u>Rural Emden 10th</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | Length of stay in lb <u>75 yrs</u> | | d. STREET ADDRESS (If outside, give location) <u>2 1/2 Miles SW of Emden, Mo.</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>Daniel</u> Middle <u>M.</u> Last <u>Easdale</u> | | | 4. DATE OF DEATH Month <u>7</u> Day <u>29</u> Year <u>1956</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Dec 29 29, 1974</u> | | 9. AGE (In years last birthday) <u>81</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u> | | 11. BIRTHPLACE (City and state or country) <u>Scotland</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | 13. FATHER'S NAME <u>James Easdale</u> | | |
| 14. MOTHER'S MAIDEN NAME <u>Jane Munro</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> <u>None</u> | | |
| 16. SOCIAL SECURITY NO. <u>X</u> | | | 17. INFORMANT <u>Wilson Easdale</u> Address <u>Emden, Mo.</u> | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | |
| DUE TO (b) <u>Arteriosclerotic heart disease</u> | | | | | <u>15-20 years</u> |
| DUE TO (c) _____ | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>4200</u> | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) _____ | | |
| 20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ | | | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 20f. CITY, TOWN, OR LOCATION _____ | | 20g. COUNTY STATE | |
| 21. I attended the deceased from <u>November 23, 1954</u> to <u>July 27, 1956</u> and last saw <u>him</u> alive on <u>July 27, 1956</u> . Death occurred at <u>12:15</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <u>Charles R. Johnson MD</u> (Degree or title) | | | 22b. ADDRESS <u>211 No. Main - Monro City, Mo</u> | | 22c. DATE SIGNED <u>8/4/56</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>7-31-56</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Shelbina I.O.O.F.</u> | | 23d. LOCATION (City, town, or county) (State) <u>Shelbina, Missouri</u> |
| 24. FUNERAL DIRECTOR <u>Barkelaw & Davis</u> ADDRESS <u>Shelbina, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>Aug 7-56</u> | | 26. REGISTRAR'S SIGNATURE <u>Ada Garrison</u> | |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

4190

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *James E. Davis*

Licensed Embalmer No. *4*

P. O. Address *Shells*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.

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