S. No. 300
v. 10.48

FILED APR 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13738

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4261 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY: Knox
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hurdland, Missouri
c. LENGTH OF STAY (in this place): 28 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Knox
c. CITY OR TOWN: Hurdland
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print)
a. (First): Byron
b. (Middle):
c. (Last): Easley

4. DATE OF DEATH (Month) (Day) (Year): April 22 1957

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 27, 1906
9. AGE (In years last birthday): 51 — 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): Funeral Director
10b. KIND OF BUSINESS OR INDUSTRY: Funeral Home
11. BIRTHPLACE (City and State or Foreign Country): Brashear, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: F.H. Easley
13b. MOTHER'S MAIDEN NAME: Leolah Workman
14. NAME OF HUSBAND OR WIFE: Margaret Burnett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 498-40-0829
17. INFORMANT'S SIGNATURE OR NAME: Margaret Burnett Easley — ADDRESS: Hurdland, mo

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Circulatory Failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Cardiac Tamponade
DUE TO (c): Gunshot wound of heart — instant

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: 976x
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
21c. (CITY, TOWN, OR TOWNSHIP): Hurdland — (COUNTY): Knox — (STATE): Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Apr. 22 '57 10:45 AM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: .410 SIOT GUN

22. *I hereby certify that I attended the deceased from* XXX, 19____, *to* XXX, 19____, *that I last saw the deceased alive on* XXX, 19____, *and that death occurred at* 10:45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D.O.
23b. ADDRESS: Edina, Missouri
23c. DATE SIGNED: 4/23/'57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 25
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F Cemetery
24d. LOCATION (City, town, or county) (State): Hurdland, Missouri

DATE REC'D BY LOCAL REG.: April 24
REGISTRAR'S SIGNATURE: Nelle A. Hunolt
25. FUNERAL DIRECTOR'S SIGNATURE: A.B. Rimer — ADDRESS: Edina, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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MAY 8 1957

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by A. G. Rimer, Student Embalmer No. 544

working under my personal supervision.

Student A G Rimer
Signature of Student Embalmer

Signed Mrs J. W. Hudson

Licensed Embalmer No. 2972

P. O. Address Edina Mo

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