FILED AUG 1 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25761

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 174

1. PLACE OF DEATH
a. COUNTY RANDOLPH
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MOBERLY — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL ~~OR INSTITUTION~~ WHITAKER — Length of stay in Ib / MO,

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
a. STATE MISSOURI, b. COUNTY RANDOLPH
c. CITY OR TOWN MOBERLY 2883 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 112 S. CLARK ST — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First WILLIAM Middle EDWARD Last EASTWOOD

4. DATE OF DEATH Month JULY Day 16, Year 1957

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH 9-17-1870
9. AGE (In years last birthday) 86
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) Retired Cattle Buyer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) MOBERLY, MO
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME JAMES EASTWOOD
14. MOTHER'S MAIDEN NAME MARY FRANCES MASON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 486-38-6495
17. INFORMANT KIRCH EASTWOOD — Address WOODRUFF, S.C.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pernicious anemia — INTERVAL BETWEEN ONSET AND DEATH: one week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic lymphoid leukemia — one year
DUE TO (c) 2040
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 14, 1957 to July 16, 1957 and last saw ~~him~~ him alive on 7-16-57
Death occurred at 1.00 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. T. Whitaker D.V. (Degree or title)
22b. ADDRESS 205 S. 5th St., Moberly, Mo.
22c. DATE SIGNED 7-17-57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 7-18-1957
23c. NAME OF CEMETERY ~~OR CREMATORY~~ OAKLAND
23d. LOCATION (City, town, or county) MOBERLY, (State) MO.

24. FUNERAL DIRECTOR MAHAN FUN'L HOME, ADDRESS MOBERLY, MO
25. DATE RECD. BY LOCAL REG. 7-18-57
26. REGISTRAR'S SIGNATURE Leah W. Lowe

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 en

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed John A. Green

Licensed Embalmer No. 381

P. O. Address Mebentz

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.