

Health, Welfare & Public Service

FILED FEB 3 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 10

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Burial Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Nursing Home Length of stay in 1b		d. STREET ADDRESS (If outside, give location) North West Of Gifford Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Arthur T Middle Last Easley			4. DATE OF DEATH Month Jan. Day 27 Year 1958		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH October 14 1882	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 3 Days 13
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Adair County Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME William Easley		13b. MOTHER'S MAIDEN NAME Ida Ricketts		14. NAME OF HUSBAND OR WIFE Lottie Pearl Easley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address Mrs. Ruby Magers La Plata Mo		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary Failure			INTERVAL BETWEEN ONSET AND DEATH hours weeks unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cerebral Thrombosis		
	DUE TO (c) Cerebral Arteriosclerosis		
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 <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 Month, Day, Year 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 COUNTY STATE	
21. I attended the deceased from Jan. 2, 1958 to Jan 27 1958 and last saw him alive on Jan 27, 1958 Death occurred at 10:20 AM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE George H. Scheurer, D.O.		(Degree or title)		22b. ADDRESS Kirksville	
				22c. DATE SIGNED 1-27-58	

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan 30 1958		23c. NAME OF CEMETERY OR CREMATORY Mt. Carmel	
				23d. LOCATION (City, town, or county) (State) Adair County Mo	
24. FUNERAL DIRECTOR John W. McCallister			ADDRESS		25. DATE RECD. BY LOCAL REG. 1-31-1958
					26. REGISTRAR'S SIGNATURE Noris W. Ratliff

South Gate Emballer's Statement on Reverse Side

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Clyde McCallum*
Licensed Embalmer No. 3226

P. O. Address... South Gifford, Mo

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.