Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004086
STATE FILE NUMBER

FILED JAN 27 1959 Registration District No. 322 Primary Registration District No. 3071 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY Saline
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Slater — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 527 N. Broadway — Length of stay in 1b: 8 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Saline
c. CITY OR TOWN Slater 6971 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 527 N. Broadway — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Maggie Middle Mae Last Eastin
4. DATE OF DEATH: Month Jan. Day 18 Year 1959
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: June 28, 1881
9. AGE (In years last birthday): 77 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Gilliam, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: John L. Wilkes
13b. MOTHER'S MAIDEN NAME: Nancy Ann Horner
14. NAME OF HUSBAND OR WIFE: Robert A.
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.: none
17. INFORMANT: Mrs. Emma Norton, Address: Slater, Mo.

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) Acute coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 45 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary disease — several years
DUE TO (c) Arteriosclerosis — years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 12-1-54, to 1-18-59 and last saw her alive on 1-18-59
Death occurred at 3:40 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. A. McDurney M.D. (Degree or title)
22b. ADDRESS Slater, Mo.
22c. DATE SIGNED 1-19-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1/20/1959
23c. NAME OF CEMETERY OR CREMATORY: Slater
23d. LOCATION (City, town, or county) (State): Slater, Missouri

24. FUNERAL DIRECTOR ADDRESS: Haines Funeral Home, Slater, Mo.
25. DATE RECD. BY LOCAL REG.: 1-23-59
26. REGISTRAR'S SIGNATURE: Mrs. E. C. Metz

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

FEB 17 1959

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 [illegible]

Licensed Embalmer No. [illegible]

P. O. Address [illegible]

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.