Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004184
STATE FILE NUMBER

JAN 12 1959 Registration District No. 352 Primary Registration District No. 6191 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY: Taney
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Ozark Beach (Rural Forsyth) — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Mercy Rest Home — Length of stay in 1b: 6 mo

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Taney
c. CITY OR TOWN: Forsyth — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rural Forsyth — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Donald Middle: Lost: Eastin

4. DATE OF DEATH Month: Jan. Day: 5 Year: 1959

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Jan. 14, 1892

9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months: 11 Days: 21 — IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Civil Service

11. BIRTHPLACE (City and state or country): Hunnewell Mo

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: W. H. Eastin

13b. MOTHER'S MAIDEN NAME: Manda Harris

14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 363-22-2369

17. INFORMANT: Mr. Ralph Eastin Address: Columbia Mo

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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): Strangulation
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Carcinoma of throat
DUE TO (c): Senility
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 148X

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 9-11-58 to 1-5-59 and last saw her/him alive on 12:15 P.M.
Death occurred at 1-5-59 12:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Mary Fry (Degree or title) D. O.
22b. ADDRESS Forsyth, Mo.
22c. DATE SIGNED 1-7-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-9-59
23c. NAME OF CEMETERY OR CREMATORY: National Cemetery
23d. LOCATION (City, town, or county) (State): Springfield Mo

24. FUNERAL DIRECTOR: Wilbert ADDRESS: Springfield Mo
25. DATE RECD. BY LOCAL REG.: 1-10-59
26. REGISTRAR'S SIGNATURE: Helen Campbell

(Licensed Embalmer's Statement on Reverse Side)

Death, Coroner, etc. must use only standard signature in Item 22. Signature will not be accepted if not in ink.
All diseases in Part I must be causally related.

JAN 18 1951

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 Walter S. Cobb

Licensed Embalmer No. 4731

P. O. Address Forsyth, 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.