

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 3 7 5 6

FILED VS JAN - 5 1960

STATE FILE NUMBER

Registration District No. 096 Primary Registration District No. _____ Registrar's No. 02

ENDED

1. PLACE OF DEATH a. COUNTY Dallas				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Buffalo		Length of stay in 1b 2 hours		c. CITY OR TOWN Springfield,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway 65 4 miles south Buffalo			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1643 E. Catalpa		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First FRED Middle C. Last EASTHAM				4. DATE OF DEATH Month December Day 14, Year 1959				
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Dec. 11, 1899	9. AGE (last birthday) 60	IF UNDER 1 YEAR Months 0 Days 3 Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baptist Minister			10b. KIND OF BUSINESS OR INDUSTRY Ministerial		11. BIRTHPLACE (City and state or country) Beaumont, Texas		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Alfred R. Eastham			13b. MOTHER'S MAIDEN NAME Gertrude Garner			14. NAME OF HUSBAND OR WIFE Wanda Eastham		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. War. I			16. SOCIAL SECURITY NO. 		17. INFORMANT Address Mrs. Wanda Eastham Springfield, 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) Due to Natural causes							INTERVAL BETWEEN ONSET AND DEATH ?	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 _____ a.m. _____ p.m.		Month, Day, Year _____						
20d. INJURY OCCURRED WHILE AT WORK <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 _____, to _____ and last saw her/him alive on _____ Death occurred at 9:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Print or title) Mrs Vera Petree L.R.				22b. ADDRESS Buffalo Mo.			22c. DATE SIGNED Dec. 17, 59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Dec. 17, 1959	23c. NAME OF CEMETERY OR CREMATORY Hillcrest		23d. LOCATION (City, town, or county) (State) Dallas, Texas				
24. FUNERAL DIRECTOR ADDRESS Gorman-Scharpf Funeral Home Springfield, Missouri			25. DATE RECD. BY LOCAL REG. 1/2/60		26. REGISTRAR'S SIGNATURE Mrs Vera Petree			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 11 1960

MS JAN 12 1960

STATEMENT BY LICENSED EMBALMER

JAN 11 1960

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 L. Doolin Gorman

Licensed Embalmer No. 3177

P. O. Address Spring Hill

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.