

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-017968

FILED VS APR 19 1960

324

Primary Registration District No. 30700

Registrar's No. 75

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline				
b. CITY (If outside corporate limits, give TOWNSHIP only) Marshall		Length of stay in lb 3 weeks		c. CITY OR TOWN Blackwater		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Fitzgibbon Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) RFD		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First William Middle Emerson Last Eastham				4. DATE OF DEATH Month April Day 15 Year 1960				
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-31-1876	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) Arrow Rock, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME James Hutcherson Eastham			13b. MOTHER'S MAIDEN NAME Virena King			14. NAME OF HUSBAND OR WIFE -----		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT Address Miss Pearl Eastham, St. Louis, 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) Acute Coronary Occlusion (Sudden) DUE TO (b) Myocardial Infarction DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							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)						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 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 12-10-59 to April 15 and last saw ^{her} him alive on April 15-1960 Death occurred at 11:30 am. m of the date stated above, and to the best of my knowledge, from the causes stated.								
22. SIGNATURE (Degree or title) Arthur E. Lewis M.D.				22b. ADDRESS Marshall Mo			22c. DATE SIGNED 4/15/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-18-1960	23c. NAME OF CEMETERY OR CREMATORY Arrow Rock Cemetery		23d. LOCATION (City, town, or county) Arrow Rock, Mo.			
24. FUNERAL DIRECTOR ADDRESS Campbell-Lewis Marshall, Mo.				25. DATE RECD. BY LOCAL REG. 4-16-'60		26. REGISTRAR'S SIGNATURE Carl A. Read		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jack W. Reser

Licensed Embalmer No. 4643
P. O. Address Marshall

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.