

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034178

FILED VS SEP 21 1960

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 139

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>North Kansas City, Mo.</u>		Length of stay in 1b <u>7 days</u>		c. CITY OR TOWN <u>Liberty</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>North Kansas City Mem. Hosp</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Route 4</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Mr. John</u> Middle <u>P.</u> Last <u>Eastin Sr.</u>				4. DATE OF DEATH Month <u>September</u> Day <u>10,</u> Year <u>1960</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>3-1-1882</u>	9. AGE (last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>      </u> Days <u>      </u>	IF UNDER 24 HR Hours <u>      </u> Min. <u>      </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>K.C. Ter. R.R. Co.</u>		11. BIRTHPLACE (City and state or country) <u>Bucklin, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>John Eastin</u>			13b. MOTHER'S MAIDEN NAME <u>Christain Braley</u>			14. NAME OF HUSBAND OR WIFE <u>Alzada Eastin</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>John P. Eastin Jr.</u> Address <u>Route 4 Liberty, Mo.</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ACUTE RESPIRATORY FAILURE</u>						INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Uremia</u>						<u>3 mo</u>		
DUE TO (c) <u>Prostatism</u>						<u>2 yrs</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Anemia; dehydration; senility</u>					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 <u>      </u> a.m. <u>      </u> p.m. <u>      </u>		Month, Day, Year <u>      </u>						
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 <u>Sept 3, 1960</u> to <u>Sept 10, 1960</u> and last saw her alive on <u>Sept 10, 1960</u> Death occurred at <u>7:15 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Daniel C Boone MD</u>				22b. ADDRESS <u>2075 Swift - NKC, Mo</u>		22c. DATE SIGNED <u>9-12-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9-13-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills Cemetery</u>		23d. LOCATION (City, town, or county) <u>Kansas City, Missouri</u>				
24. FUNERAL DIRECTOR <u>D. W. Newcoer's Sons N.K.C., Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>9-12-60</u>		26. REGISTRAR'S SIGNATURE <u>Marquette Hudgens</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DR. BOONE  
CLINIC

SEP 21 1960

**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 John V. Levick, Jr.

Licensed Embalmer No. 4848

P. O. Address K. G. 17, Me.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.