

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-026462

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 376 Primary Registration District No. 3060 Registrar's No. 302

AMENDED

<b>FILED AUG 8 1961</b>		<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>ST FRANCOIS</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>FARMINGTON MO</b>		a. STATE <b>MISSOURI</b> b. COUNTY <b>ST FRANCOIS</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>EASTER HOME OF RUTH</b>		Length of stay in 1b		c. CITY OR TOWN <b>KNOBLICK</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>RFD # 1</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last			<b>4. DATE OF DEATH</b> Month Day Year		
<b>BYRON WEBSTER EASLEY</b>			<b>AUG. 1 1961</b>		
<b>5. SEX</b>	<b>6. COLOR OR RACE</b>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b>	<b>9. AGE (last birthday)</b>	<b>IF UNDER 1 YEAR</b> <b>IF UNDER 24 HR</b>
<b>MALE</b>	<b>WHITE</b>		<b>9/18/77</b>	<b>83</b>	Months Days Hours Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>MINER</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>MINE WORK</b>		<b>11. BIRTHPLACE</b> (City and state or country) <b>BENTON ILL.</b>	
<b>13a. FATHER'S NAME</b> <b>FRANCIS P. EASLEY</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>SARAH ROSS</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>BLANCHE McGEORGE EASLEY</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT</b> Address <b>FRANK EASLEY FARMINGTON MO.</b>	
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of Esophagus</b>					<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>6 mo</b>
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) <b>arteriosclerotic heart disease</b>				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	
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)			
<b>20c. TIME OF INJURY</b> Hour _____ s.m. _____ p.m. Month, Day, Year _____					
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE	
<b>21. I attended the deceased from</b> <b>Aug 1956</b> to <b>Aug 1, 1961</b> and last saw him alive on <b>8-1-61</b> Death occurred at <b>6:15 PM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
<b>22a. SIGNATURE</b> (Degree or title) <b>C. E. Carleton M.D.</b>			<b>22b. ADDRESS</b> <b>Farmington, Mo</b>		<b>22c. DATE SIGNED</b> <b>8-2-61</b>
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>BURIAL</b>		<b>23b. DATE</b> <b>8/3/61</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>GENEVIEVE</b>		<b>23d. LOCATION</b> (City, town, or county) (State) <b>NEAR FARMINGTON MO.</b>
<b>24. FUNERAL DIRECTOR</b> ADDRESS <b>C. H. COZEAN FARMINGTON MO.</b>			<b>25. DATE RECD. BY LOCAL REG.</b> <b>Aug 2, 1961</b>		<b>26. REGISTRAR'S SIGNATURE</b> <b>Esther Rudloff</b>

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

**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 \_\_\_\_\_

*McCoy*  
\_\_\_\_\_  
Licensed Embalmer No. *04084*

P. O. Address *Langston*

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.