MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-031633
STATE FILE NUMBER

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 68

FILED AUG 31 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0542
2 0542
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4 1
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY Lafayette
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington — Length of stay in 1b: 65 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lexington Memorial Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lafayette
c. CITY OR TOWN Lexington — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1501 Franklin — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First LILLIAN Middle MAE Last EASTABROOKS

4. DATE OF DEATH Month August Day 11 Year 1962

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH April 6, 1877
9. AGE (last birthday) 85
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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (City and state or country) Galena, Kansas
12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME Solomon Ryan
13b. MOTHER'S MAIDEN NAME Margaret Welch
14. NAME OF HUSBAND OR WIFE Chas. F. Eastabrooks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Address Clarence Eastabrooks, Lex., Mo.

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) Terminal pneumonia — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Fractured left hip (fracture pinned Aug. 9, 1962) — 7 days
DUE TO (c) Myocardio ischemia
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. ☐ Yes ☒ No ☐ Unknown

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.) Patient injured in fall at her home.
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 8, 4, 62
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.) Home
20f. CITY, TOWN, OR LOCATION Lexington, COUNTY Lafayette, STATE Mo.

21. I attended the deceased from 8-7-62 to 8/11/62 and last saw her/him alive on 8,11,62
Death occurred at 6:55 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ben H Brasher (Degree or title) M.D.
22b. ADDRESS Lexington Mo
22c. DATE SIGNED 8,13,62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8/15/62
23c. NAME OF CEMETERY OR CREMATORY Machpelah Cemetery
23d. LOCATION (City, town, or county) Lexington, (State) Mo.

24. FUNERAL DIRECTOR Vaughn-Walker ADDRESS Lexington Mo.
25. DATE RECD. BY LOCAL REG. 8-15-62
26. REGISTRAR'S SIGNATURE Marion E Eastabrooks

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Harold L. Walker

Signature of Student Embalmer

Licensed Embalmer No. 4588

P. O. Address Lexington, 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.