

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-031655

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 150

VS 300
Rev. 4/59

10550
20397

3

4 0

5 1

6

7 1

8 1

9 5271

10

11

1293-0

135-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

18a. Pulmonary edema and congestion etc. Acute Bacterial pneumonia etc.
Part II Arteriosclerotic heart disease etc. Diffuse pulmonary etc. 9/27/62

BY AFFIDAVIT OF ATTENDANT

MEDICAL CERTIFICATION

FILED SEP 12 1962		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Lawrence		a. STATE Missouri	b. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Vernon		c. CITY OR TOWN Springfield	
Length of stay in 1b 76 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. State Sanatorium		d. STREET ADDRESS (If outside, give location) 536 Newton	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First Middle Last William Finley Eastman		Month Day Year Sept. 5, 1962	
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 5-2-98
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Wickliffe, Indiana
13a. FATHER'S NAME W. F. Eastman		13b. MOTHER'S MAIDEN NAME Julia Ann Waddell	14. NAME OF HUSBAND OR WIFE Maude
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes-4mo. Unknown		17. INFORMANT Address Hospital Records, Mo.S.S., Mt. Vernon, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Acute bacterial pneumonia, organism unknown Pulmonary edema and congestion, marked, and probable respiratory failure, due to severe bronchiolar emphysema, bilateral			24 hours
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) Diffuse pulmonary fibrosis, cause undetermined. coronary arteriosclerosis			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 Month, Day, Year a.m. p.m.			
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>6-21-62</u> to <u>9-5-62</u> and last saw ^{her} him alive on <u>9-5-62</u> Death occurred at <u>7:10 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>J. Lewis Yates M.D.</i>		22b. ADDRESS Mo. S. S., Mt. Vernon, Mo.	22c. DATE SIGNED 9-5-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9-5-62	23c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery Springfield Mo.	23d. LOCATION (City, town, or county) (State) Mo.
24. FUNERAL DIRECTOR <i>Ralph Thieme 7th. Springfield Mo</i>		25. DATE RECD. BY LOCAL REG. 9-7-62	26. REGISTRAR'S SIGNATURE <i>Ray Southern</i>

USE BLACK INK OR TYPEWRITER RIBBON

SEP 17 1962

SEP 18 1962

SEP 13 1962

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

Harold Futrell

Licensed Embalmer No. 50,79

P. O. Address Spfld., 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.

MISSOURI BOARD OF HEALTH