

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED SEP 12 1955

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>HENRY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLINTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLINTON</u>	
c. LENGTH OF STAY (In this place) <u>8 WKS</u>		d. STREET ADDRESS (If rural, give location) <u>04220</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>CLINTON CONVELESCENT HOME</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLEY</u> b. (Middle) <u>-</u> c. (Last) <u>EAST</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 5, 1955</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>OCT. 6, 1874</u>		9. AGE (In years last birthday) <u>80</u>		10. UNDER 1 YEAR Months <u>10</u> Days <u>29</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>HENRY Co. MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>GEORGE EAST</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH HARVEY</u>	
14. NAME OF HUSBAND OR WIFE <u>DECEASED</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs East, 613 So 3rd Clinton, Mo</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Chronic Myocarditis</u>		19. INTERVAL BETWEEN ONSET AND DEATH <u>4 months</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 months</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Atherosclerotic heart disease</u>		2 years	
DUE TO (c) <u>None</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditions causing death.		<u>None</u>	
19a. DATE OF OPERATION <u>NO</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>NO</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NO</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Aug 5, 1952, to Sept 5, 1955, that I last saw the deceased alive on Sept 3, 1955, and that death occurred at 10 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>S. B. Hughes</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Clinton Mo.</u>		23c. DATE SIGNED <u>9/6/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>SEPT. 7, 55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ENGLEWOOD CEM.</u>	
24d. LOCATION (City, town, or county) (State) <u>CLINTON, MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Florence Adair</u>		ADDRESS <u>422 N. Kansas, Clinton, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-12-55</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>N. J. Kansant, Clinton, Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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, as by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed H. A. Tansant

Licensed Embalmer No. 3779

P. O. Address Clinton, 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 this body is not embalmed, fact should be so stated above.