

**FILED** NOV 8 1945

STANDARD CERTIFICATE OF DEATH

State File No. **34035**  
Registrar's No. **31**

Registration District No. **165**

Primary Registration District No. **5602**

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

1. PLACE OF DEATH:

(a) County **Johnson**  
(b) City or town **Rural Chillhowee**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **RFD 1 Warrensburg Mo.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **no**  
In this community **75yrs**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Johnson**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **RFD 1 Warrensburg Mo.**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **William Melburn Easterwood.**

3. (b) If veteran, name war **no**  
3. (c) Social Security No. **no**

4. Sex **Male** **White** race  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Emma R. Easterwood.**  
6. (c) Age of husband or wife if alive, deceased **deceased**  
7. Birth date of deceased **July 17, 1856**  
(Month) (Day) (Year)

8. AGE: **89** Years **3** Months **10** Days  
If less than one day hr. min.

9. Birthplace **unknown** **New York**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired** **Farmer**

11. Industry or business

MOTHER FATHER  
12. Name **James Easterwood.**  
13. Birthplace **Unknown** **Unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Salina Barton**  
15. Birthplace **Unknown** **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **C. M. Easterwood.**

(b) Address **Rt # 1. Warrensburg, Mo.**  
**Burial**

17. (a) **Burial** (b) Date thereof **10/28/45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pisgah Cem.**

18. (a) Signature of funeral director **Sweeney Phillips**  
(b) Address **Warrensburg, Mo.**

19. (a) **10-31-45** (b) **Mrs. Marnie D. Hecker**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **27**  
year **1945** hour **9** minute **15.** A.M.  
21. I hereby certify that I attended the deceased from **Aug 1944**  
to **Oct. 27** 19**45**  
that I last saw him alive on **Oct 24** 19**45**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypostatic pneumonia**  
Due to **decelitis of bladder for prostatic hypertrophy**  
Due to **embolus**

Duration **1 week**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **12/10**  
Of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of injury) (e) Means of injury

23. Signature **[Signature]** (M. D. or other)  
Address **Warrensburg, Mo.** Date signed **10-29-45**

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**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*J. Earl Priest*

Licensed Embalmer No. 3878

P. O. Address. Warrensburg 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.**