L.S. No. 300
Rev. 10-48

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FILED JAN 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1513

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL PRAIRIE TWP
c. LENGTH OF STAY (in this place): 4 Mo. 9 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JACKSON COUNTY HOME AGED WHITE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
d. STREET ADDRESS (If rural, give location): unknown

3. NAME OF DECEASED (Type or Print)
a. (First): GRACE
b. (Middle): ✓
c. (Last): EASON

4. DATE OF DEATH (Month) (Day) (Year): JAN 10 1949

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W 2
8. DATE OF BIRTH: APRIL-15-1876
9. AGE (In years last birthday): 72 — If under 1 year: Months 8, Days 20 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unknown
10b. KIND OF BUSINESS OR INDUSTRY: unknown
11. BIRTHPLACE (State or foreign country): TERRE HAUTE IND
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: unknown
13b. MOTHER'S MAIDEN NAME:
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: JACKSON COUNTY HOME RECORDS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1/5, 1949, *to* 1/10, 1949 *that I last saw the deceased alive on* 1/10, 1949, *and that death occurred at* 6:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S W Green M D
23b. ADDRESS: Independence Mo
23c. DATE SIGNED: 1-12-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 1-11-49
24c. NAME OF CEMETERY OR CREMATORY: Osceola Mo
24d. LOCATION (City, town, or county) (State): Osceola Mo

DATE REC'D BY LOCAL REG.: 1-13-49
REGISTRAR'S SIGNATURE: Donald C. Emmelmann
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Osceola Fun. Home Osceola Mo

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 10 1949

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.

Signed .....

Signed .....
Student Embalmer

Licensed Embalmer No. 3833

P. O. Address Lees Summit 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.