

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32954**

FILED NOV 4 1949

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

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5112A</u>		Registrar's No. <u>66</u>			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).					
a. COUNTY <u>Bollinger</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Scopus Twp.</u>		c. LENGTH OF STAY (in this place) <u>75 yrs</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Scopus, Mo.</u>			
a. STATE <u>Missouri</u>		b. COUNTY <u>Bollinger</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Scopus Twp.</u>		d. STREET ADDRESS (If rural, give location) <u>Scopus Township.</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)						
a. (First) <u>Pernicia</u>	b. (Middle) <u>Elizabeth</u>		c. (Last) <u>Easley</u>		<u>Oct. 17, 1949</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 2, 1874</u>		9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR <u>8</u> Months	IF UNDER 24 HRS. <u>13</u> Hours <u>1</u> Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Sedgewickville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Elisha Cook</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Hanners</u>		14. NAME OF HUSBAND OR WIFE <u>Robert Easley</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W. L. Cook</u>		ADDRESS <u>Lutesville, Mo.</u>			
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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of breast with metastasis</u>					
				DUE TO (c) <u>to lungs.</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<u>170X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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) (Min.)		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 <u>3/2/49</u> , 19 <u>49</u> , to <u>10/1/49</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>10/1/49</u> , 19 <u>49</u> , and that death occurred at <u>1:15 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>John J. Myers M.D.</u>				23b. ADDRESS <u>Lutesville, Mo.</u>		23c. DATE SIGNED <u>10/25/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 19, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cook Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Scopus, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>Oct. 26-49</u>		REGISTRAR'S SIGNATURE <u>Willie Van Amburgh</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Coy Shetter</u>		ADDRESS <u>Lutesville, Mo.</u>			

RECEIVED 11-2-49

District Health Officer No. 4

District File Number 1149-1442

Date Filed

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
Student Embalmer

Signed *Howard R. Henman*

Licensed Embalmer No. 4122

P. O. Address *Cape Girardeau, 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.