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

FILED FEB 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 461

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau.
c. LENGTH OF STAY (In this place): 4 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South East Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cape Gir
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau Mo 0164
d. STREET ADDRESS (If rural, give location): Highway 61

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Henry
c. (Last): East

4. DATE OF DEATH (Month) Jan (Day) 24 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb 3 1876
9. AGE (In years last birthday): 73 — If under 1 year: Months 11, Days 21 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Grand Tower Ill
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James East
13b. MOTHER'S MAIDEN NAME: Narcissus Thurman
14. NAME OF HUSBAND OR WIFE: Martha Rendleman East

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: J. F. East — **ADDRESS**: Cape Girardeau Mo

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) Chronic Myo. Cardial failure — 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) Coronary heart disease.

DUE TO (c) Vascular Sclerosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 4201

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* 12-17, 1949, *to* 1-24, 1950, *that I last saw the deceased alive on* 1-24, 1950, *and that death occurred at* 6:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Alberson Estes MD
23b. ADDRESS: 714 Broadway Cape Gir Mo
23c. DATE SIGNED: 1-25-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem-Burial
24b. DATE: Jan 26-1950
24c. NAME OF CEMETERY OR CREMATORY: Anna Ill
24d. LOCATION (City, town, or county) (State): Anna Ill

DATE REC'D BY LOCAL REG.: 1-25-1950
REGISTRAR'S SIGNATURE: C. C. Summers 44
25. FUNERAL DIRECTOR'S SIGNATURE: Jas. G. Howell — **ADDRESS**: Cape Gir Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

JAN 30 1950

DISTRICT HEALTH OFFICE No. 4

File No. 150-138

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 W. H. Eastin

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau

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.