

FILED JUL 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22798

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 837

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Bloomington</b> <u>1110</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Meth. Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>R.F.D. # 1, DeKalb, Mo.</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>MILDRED</b>	b. (Middle) <b>MARIE</b>	c. (Last) <b>EASTER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>7 18 1950</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>3-4-1913</b>	9. AGE (In years last birthday) <b>37</b>	IF UNDER 1 YEAR Months	IF UNDER 4 Hrs. Hours	IF UNDER 15 Min. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (State or foreign country) <b>Rushville, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>W.S. McKinney</b>	13b. MOTHER'S MAIDEN NAME <b>Clara Gardner</b>	14. NAME OF HUSBAND OR WIFE <b>Miles Easter</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Miles Easter, DeKalb, Mo.</b>	ADDRESS
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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, asthma, 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>Arterial Sclerosis</u>		<u>5 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>urinary suppression</u> DUE TO (c)		<u>1 day</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Sweet meal</u>		<u>288 (H)</u> <u>#</u>	

19a. DATE OF OPERATION <input checked="" type="checkbox"/>	19b. MAJOR FINDINGS OF OPERATION <u>131</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Joseph Buchanan Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>7-18 1950</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>In care of attack Patient visited</u>
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22. I hereby certify that I attended the deceased from 7-18 1950 to 7-18 1950 that I last saw the deceased alive on 7-18 1950, and that death occurred at 3:00P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Repton Smith MD</u>	23b. ADDRESS <u>218 No 7th St Joseph Mo</u>	23c. DATE SIGNED <u>7/19/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-20-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Armstrong Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Rushville, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>July 1950</u>	REGISTRAR'S SIGNATURE <u>W. L. Jenkins</u>	5. FUNERAL DIRECTOR'S SIGNATURE <u>W. L. Jenkins</u>	ADDRESS <u>St. Joseph, Mo.</u>
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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, or by \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_

*John E. Rupp*  
3986

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

*St. Joseph, 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.