

FILED JUN 4 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15888

BIRTH NO.		REG. DIST. NO. 71		PRIMARY REG. DIST. NO. 3012		Registrar's No. 73	
1. PLACE OF DEATH a. COUNTY Clay				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Excelsior Springs		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Excelsior Springs		d. STREET ADDRESS (If rural, give location) 519 Regent Street	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Excelsior Springs Hospital							
3. NAME OF DECEASED (Type or Print) a. (First) ROSE b. (Middle) A c. (Last) EASLEY			4. DATE OF DEATH (Month) (Day) (Year) May 3, 1952				
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 7, 1877		9. AGE (In years last birthday) 74	10. UNDER 1 YEAR Months 10	11. UNDER 1 WRS. Days 26
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY housekeeping		11. BIRTHPLACE (State or foreign country) Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Parker		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Jacob Easley			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jacob Easley, 519 Regent Street, Excelsior Springs, Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Decompensated heart ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus INTERVAL BETWEEN ONSET AND DEATH 1 yr.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)		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 2/22 , 19 47 to 5/3/52 , 19___, that I last saw the deceased alive on 5/3 , 1952, and that death occurred at 11:30 p.m. from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) Dr. M. Erickson M.D.				23b. ADDRESS Excelsior Springs, Mo.		23c. DATE SIGNED 5/6/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 5-6-52	24c. NAME OF CEMETERY OR CREMATORY Crown Hill		24d. LOCATION (City, town, or county) (State) Excelsior Springs, Mo.		
DATE REC'D BY LOCAL REG. 5/6/52		REGISTRAR'S SIGNATURE Caroline Hutchings		FUNERAL DIRECTOR'S SIGNATURE Charles Richard		ADDRESS Excelsior Springs, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

0242

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 Linell K. Jarman

Licensed Embalmer No. 4589

P. O. Address Eschier Springs, 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.