

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**16987**

No. 300 FILED MAY 16 1952

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 82

3493  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jasper</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>	c. LENGTH OF STAY (in this place) <u>4 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural- Marion Township</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Stone Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Route 1, Carthage</u>	

<b>3. NAME OF DECEASED</b> (Type or Print) <u>HAROLD</u>	a. (First)	b. (Middle) <u>LEE</u>	c. (Last) <u>EASTIN</u>	<b>4. DATE OF DEATH</b> <u>May 9, 1952</u>
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<b>5. SEX</b> <u>male</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>married</u>	<b>8. DATE OF BIRTH</b> <u>June 21, 1905</u>	<b>9. AGE</b> (In years last birthday) <u>46</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>contractor</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>repairing</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>St. Louis, Missouri</u>	<b>12. CITIZEN OF WH. COUNTRY?</b> <u>USA</u>
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<b>13a. FATHER'S NAME</b> <u>W. H. Eastin</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Ella Taggart</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Maudie Hensley Eastin</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b> <u>490-10-1356</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Maudie Eastin, Rte 1, Carthage, Mo</u>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Origin Pectoris</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>2 yrs</u>
	<b>ANTECEDENT CAUSES</b>  DUE TO (b) <u>Myocarditis</u>		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>4202</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from Jan 16, 1952 to May 9, 1952, that I last saw the deceased alive on May 8, 1952, and that death occurred at 1:15a m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>Albert B. Wheeler</u>	(Degree or title) <u>DO</u>	<b>23b. ADDRESS</b> <u>Carthage, Mo</u>	<b>23c. DATE SIGNED</b> <u>5-9-52</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>burial</u>	<b>24b. DATE</b> <u>5-12-52</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Park Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Carthage, Mo</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>5-10-52</u>	<b>REGISTRAR'S SIGNATURE</b> <u>L. B. Clinton</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Knell Mortuary</u>	<b>ADDRESS</b> <u>Carthage, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED *5-14-52*  
Jasper County Health Office

County File Number *5215/368*

Date Filed *5-14-52*

*REC'D 8 1952*  
*JUL 28 1952*  
*AUG 19 1952*

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

*Robert H. Kneil*

Licensed Embalmer No. *4459*

P. O. Address *Carthage, 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.