.S. No. 300
EV. 10.48

FILED SEP 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28453

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 366

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

1. PLACE OF DEATH
a. COUNTY: Jasper 0495 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Joplin Generah

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: McDonald 0600
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Noel
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Charda
b. (Middle): Meda
c. (Last): Easter

4. DATE OF DEATH (Month) (Day) (Year): 8 - 16 - 1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: 6-19-1892
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months 1, Days 22 — IF UNDER 24 HRS.: Hours, Min.

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

13a. FATHER'S NAME: Robbie Branson
13b. MOTHER'S MAIDEN NAME: Elisa Vineyard
14. NAME OF HUSBAND OR WIFE: H. G. Easter

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: Richard Easter — ADDRESS: Noel, 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): overwhelming Peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 10 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): acute Cholecystitis c̄ Cholelithiasis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: 8-15-52
19b. MAJOR FINDINGS OF OPERATION: 584X
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* 8-13, 1952 *to* 8-16, 1952, *that I last saw the deceased alive on* 8-15, 1952, *and that death occurred at* 11:59 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Willard F. Stiles D.O. 2
23b. ADDRESS: Noel, Mo.
23c. DATE SIGNED: 8-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-19-1952
24c. NAME OF CEMETERY OR CREMATORY: Noel Cemetery
24d. LOCATION (City, town, or county) (State): Noel Mo.

DATE REC'D BY LOCAL REG.: 9-3-52
REGISTRAR'S SIGNATURE: Ed O. James 138 D by Dolores Lampkins
25. FUNERAL DIRECTOR'S SIGNATURE: R. M. Humphrey Pineville, Mo. — ADDRESS:

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 9-9-52
Jasper County Health Office

County File Number 52/9/692

Date Filed 9-9-52

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 F. M. Humphrey Jr.

Licensed Embalmer No. 14708

P. O. Address Noel 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.