

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9051**
Registrar's No. **106**

FILED MAR 16 1953

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **5171**

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural St. Aubert Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural St. Aubert Twp.	
c. LENGTH OF STAY (in this place) 87 yrs		d. STREET ADDRESS (If rural, give location) RFD Mokane	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION RFD Mokane Missouri			

3. NAME OF DECEASED (Type or Print) a. (First) Samuel b. (Middle) Thomas c. (Last) Eastwood			4. DATE OF DEATH (Month) (Day) (Year) March 8, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 9, 1865	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR: Months 11 Days 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and State or Foreign Country) Callaway County Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME David Eastwood		13b. MOTHER'S MAIDEN NAME Ann Moore		14. NAME OF HUSBAND OR WIFE Frances Eastwood	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Curtis Eastwood ADDRESS Fulton 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia				INTERVAL BETWEEN ONSET AND DEATH 24 hours
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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		19b. MAJOR FINDINGS OF OPERATION 491X			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		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 **Mar 8, 1953**, to **Mar 8, 1953** that I last saw the deceased alive on **Mar 8, 1953** and that death occurred at **7:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Frank Nichols, M.D. (Degree or title)		23b. ADDRESS Mokane, Missouri		23c. DATE SIGNED 3-10-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar 10, 1953		24c. NAME OF CEMETERY OR CREMATORY Middle River Cemetery		24d. LOCATION (City, town, or county) (State) Mokane Missouri	
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DATE REC'D BY LOCAL REG. Mar-14-1953		REGISTRAR'S SIGNATURE Margaret Lawrence 426-9		25. FUNERAL DIRECTOR'S SIGNATURE Maupin Funeral Home ADDRESS Fulton Mo.	
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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Ed Passon

Licensed Embalmer No. *2555*

P. O. Address *Quinton Ave*

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.