0.300
0.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5235

BIRTH No. FILED FEB 25 1954 REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 35

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 905 W. Limestone

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN: Carthage
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 905 W. Limestone 049 D

3. NAME OF DECEASED (Type or Print)
a. (First): CARL
b. (Middle): MELVIN
c. (Last): EASTIN

4. DATE OF DEATH (Month) (Day) (Year): Feb 13-1954

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Jan 1-1897
9. AGE (In years last birthday): 57 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): painter
10b. KIND OF BUSINESS OR INDUSTRY: painting
11. BIRTHPLACE (City and State or Foreign Country): Carthage, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: William H. Eastin
13b. MOTHER'S MAIDEN NAME: Ella Tigger
14. NAME OF HUSBAND OR WIFE: Margaret Neubeaver Eastin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: 499-10-5439
17. INFORMANT'S SIGNATURE OR NAME: Mrs. C. M. Eastin, 905 Limestone, Carthage 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) Ventricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Auriculoventricular block — 1-2 days
DUE TO (c) Cardiac failure — 4-5 yrs.

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: 7824
20. AUTOPSY? YES [ ] NO [X]
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* 8-11, 1953, *to* 2-13, 1954, *that I last saw the deceased alive on* 2-9, 1954, *and that death occurred at* 12:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Grover S. Patterson (Degree or title) MD
23b. ADDRESS: Carthage, Mo
23c. DATE SIGNED: 2-15-54
24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 2-16-54
24c. NAME OF CEMETERY OR CREMATORY: Park Cemetery
24d. LOCATION (City, town, or county) (State): Carthage, Mo
DATE REC'D BY LOCAL REG.: 2-15-54
REGISTRAR'S SIGNATURE: Lloyd B. Clinton M.D. 139-U
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: Knell Mortuary, Carthage, Mo

(Licensed Embalmer's Statement on Reverse Side)

M.C.

MAR 8 1960

FEB 25 1954

RECEIVED FEB 2
Jasper County Health
County File Number 54-2
Date Filed FEB 24

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Robert H. Hnell

Licensed Embalmer No. 44

P. O. Address Carthag

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.