

FILED APR 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12729

BIRTH NO. _____ REG. DIST. NO. 213 PRIMARY REG. DIST. NO. 5781 Registrar's No. 3rd

1. PLACE OF DEATH a. COUNTY MILLER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MILLER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-LAKE-OZARK		c. CITY OR TOWN LAKE-OZARK	
c. LENGTH OF STAY (In this place) Lifetime.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION LAKE-OZARK.		e. STREET ADDRESS (If rural, give location) 0660 0	
3. NAME OF DECEASED (Type or Print) a. (First) James- b. (Middle) EDWARD- c. (Last) Easterheld		4. DATE OF DEATH (Month) (Day) (Year) MARCH-30-1954	
5. SEX MALE		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH 26 MARCH 1876	
9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	
10b. KIND OF BUSINESS OR INDUSTRY Gen-Farming		11. BIRTHPLACE (City and State or Foreign Country) UNKNOWN	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME UNKNOWN	
13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE UNKNOWN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME Ruth-Witcher		ADDRESS LAKE-OZARK, 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, asthma, etc. It means the disease, injury, or complication which caused death. NONE		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis 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. NONE	
19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION NONE	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4222	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) NONE		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NONE	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? NONE	
22. I hereby certify that I attended the deceased from 1944, 19____, to March 29, 1954, that I last saw the deceased alive April 28, 1954, and that death occurred at 2A m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J. C. Murrell D.O.		23b. ADDRESS ELDON MO	
23c. DATE SIGNED 31 MARCH 1954		24a. LOCATION (City, town, or county) (State) MILLER-CO. MO	
24b. DATE 1 APRIL 54		24c. NAME OF CEMETERY OR CREMATORY RIVER-VIEW	
24d. LOCATION (City, town, or county) (State) ELDON MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
DATE REC'D BY LOCAL REG. APRIL 1, 1954		REGISTRAR'S SIGNATURE 193-0 Mrs C. R. Hankins	
FUNERAL DIRECTOR'S SIGNATURE Keith M. Faye		ADDRESS ELDON MO	

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

DEPARTMENT OF HEALTH

APR 19 1954

STATE OF IOWA
DEPARTMENT OF HEALTH

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
Signature of Student Embalmer

Signed *Keith M. Faye*
Licensed Embalmer No. *399*

P. O. Address *Eldon*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.