

FILED AUG 17 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27947

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>392</u>			
1. PLACE OF DEATH a. COUNTY <b>JASPER</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b>				b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>JOPLIN</b>			c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>JOPLIN</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION. <b>404 N. DIVISION</b>				e. STREET ADDRESS (If rural, give location) <b>404 N. DIVISION</b>				<u>0495</u> <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>EDWARD</b>			b. (Middle) <b>ADDERTON</b>		c. (Last) <b>EASTON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>AUG. 7, 1954</b>		
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>AUG. 31, 1881</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins. <b>72</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SHOE CORRECTION</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>SHOE BUSINESS</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>DENISON, TEXAS</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>THOMAS BENTON EASTON</b>			13b. MOTHER'S MAIDEN NAME <b>UNK</b>			14. NAME OF HUSBAND OR WIFE <b>MRS. GLADYS EASTON</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>UNK</b>			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. GLADYS EASTON, 404 N. DIVISION</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <b>48 hours</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Terminal Salariaemia</b>							
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <b>Chronic Myocarditis</b> rise to the above cause (a) stating the underlying cause last. DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Toxemia</b>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4222</b>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <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 <u>8/7</u> , 19 <u>54</u> , to <u>8/7</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>8/7</u> , 19 <u>54</u> , and that death occurred at <u>4:30 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <i>Wm. Hills-Be...</i>				(Degree or title) <b>D.O.</b>		23b. ADDRESS <b>924 N. Douglas St. Jo...</b>		23c. DATE SIGNED <b>8/10/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>8-9-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>OZARK MEMORIAL PARK</b>		24d. LOCATION (City, town, or county) (State) <b>JOPLIN, MISSOURI</b>			
DATE REC'D BY LOCAL REG. <b>8-12-54</b>		REGISTRAR'S SIGNATURE <i>By Walter Lempi...</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

[JUN 2 1959

RECEIVED AUG 16 1959  
Jasper County Health Office  
County File Number 54-8-69  
Date Filed AUG 16 1959

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 *F. M. Jones*.....  
Licensed Embalmer No. 7.3.1

P. O. Address *Joplin*

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.