

FILED JAN 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 211

BIRTH NO. 85629-54 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Buchanan 01170		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY Andrew	
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Joseph		c. LENGTH OF STAY (in this place) 11 DAYS	c. CITY OR TOWN SAVANNAH
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital - Osteo		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS (If rural, give location) 419 7/20 1st Street 0020			

3. NAME OF DECEASED (Type or Print)	a. (First) NEUR	b. (Middle) LOUISE	c. (Last) EASTER	4. DATE OF DEATH (Month) (Day) (Year)
				1-1-1955

5. SEX FEMALE	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 12-21-1954	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
				Months	Days	Hours
					11	11

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and State or Foreign Country) St. Joseph mo 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JAS. L. EASTER	13b. MOTHER'S MAIDEN NAME Alice Mabel Warner	14. NAME OF HUSBAND OR WIFE -
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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 Paul Easter	ADDRESS 419 7/20 1st Savannah mo
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity		INTERVAL BETWEEN ONSET AND DEATH 11 days
	ANTECEDENT CAUSES Morbidity 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. Enlargement of liver		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 7735x	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Dec. 21, 1954**, to **January 1, 1955**, that I last saw the deceased alive on **January 1, 1955**, and that death occurred at **12:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Neura M. Steidley 200	23b. ADDRESS 201 1/2 Francis St. Joseph, Mo	23c. DATE SIGNED Jan-1-1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1-3-1955	24c. NAME OF CEMETERY OR CREMATOR SAVANNAH	24d. LOCATION (City, town, or county) (State) SAVANNAH mo
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DATE REC'D BY LOCAL REG. Jan 3, 1955	REGISTRAR'S SIGNATURE Kathleen M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE Breit Funeral Home	ADDRESS SAVANNAH mo
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(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed..... *E. C. Breit*

Licensed Embalmer No. *265*

P. O. Address *Savanna*

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.