

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38434

STATE FILE NUMBER

FILED NOV 30 1956

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 511

| | | | | | |
|---|------------------------------|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY JASPER | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN JOPLIN | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR CRUME REST HOME INSTITUTION 1809 GRAND AVE. | | Length of stay in 1b | d. STREET ADDRESS 402 N. DIVISION | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) Garrett Easton | | | 4. DATE OF DEATH Nov. 14, 1956 | | |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Nov. 23, 1876 | | 9. AGE (In years last birthday) 79 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED HATTER | | 10b. KIND OF BUSINESS OR INDUSTRY HAT BUSINESS | | 11. BIRTHPLACE (City and state or country) DALLAS, TEXAS | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | 13. FATHER'S NAME THOMAS BENTON EASTON | | |
| 14. MOTHER'S MAIDEN NAME UNK | | | 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. | | | 17. INFORMANT MRS. ED EASTON, 402 N. DIVISION AVE. | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | |
| DUE TO (b) Prostatism with Pyelitis and Purulent Urinary Cystitis | | | | | |
| DUE TO (c) Hypertrophy of Prostate Gland | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | |
| 20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____ | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION JOPLIN, MISSOURI | |
| 21. I attended the deceased from Nov 4 1956 , to Nov 13 and last saw her/him alive on Nov 13 , Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <i>W. Pinkerton D.D.</i> (Degree or title) | | | | 22b. ADDRESS 2619 Main St., Joplin, Mo | |
| 22c. DATE SIGNED 11/16/56 | | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 23b. DATE 11-17-56 | | 23c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK | |
| 23d. LOCATION (City, town, or county) JOPLIN, MISSOURI | | | | 23e. (State) | |
| 24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO. | | | 25. DATE RECD. BY LOCAL REG. 11-20-1956 | | 26. REGISTRAR'S SIGNATURE <i>Woore Merriam</i> |

Court: _____
Date Filed: 56-11-23
APR 27 1956

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. 23

P. O. Address Joplin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.