

FILED JAN 8 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

47127
STATE FILE NUMBER

Registration District No. 379 Primary Registration District No. 4553 Registrar's No. 5

S. 300
v. 1-56

All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY WRIGHT				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY WEBSTER									
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN MANSFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN SEYMOUR		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MANSFIELD HOSP'			Length of stay in 1b 2 DAYS		d. STREET ADDRESS (If outside, give location) 1120		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) WILLIAM First J. Middle EASLEY Last				4. DATE OF DEATH 12-27-57 Month 12- Day 27- Year 57									
5. SEX M		6. COLOR OR RACE W		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 3-10-1882		9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER				10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and state or country) WEBSTER Co. MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13. FATHER'S NAME MILNER W. EASLEY						14. MOTHER'S MAIDEN NAME LUCINDA HINDLEY							
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 Address MRS. BIRDIE EASLEY SEYMOUR, MO.							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypostatic Pneumonia DUE TO (c) Arteriosclerosis										INTERVAL BETWEEN ONSET AND DEATH 3 days 3 days			
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"/> 2			
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 a. m. p. m. Month, Day, Year													
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 SEYMOUR			COUNTY WEBSTER		STATE MISSOURI		
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 1:25 A m on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) J. R. Gill						22b. ADDRESS N.O. 2 Seymour			22c. DATE SIGNED 12/28/57				
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 12-29-57		23c. NAME OF CEMETERY OR CREMATORY SEYMOUR CEMETERY			23d. LOCATION (City, town, or county) - (State) WEBSTER Co. MISSOURI						
24. FUNERAL DIRECTOR Robert Bergman				ADDRESS Seymour, Mo.		25. DATE RECD. BY LOCAL REG. 1-2/1958		26. REGISTRAR'S SIGNATURE Sam Peabody					

(Licensed Embalmer's Statement on Reverse Side)

3877

APR 10 1958

JAN 9 1959

RECEIVED	1-6-58
WISCONSIN HEALTH DEPT	
County File Number	153-4
Date Filed	1-6-58

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 *Max L Miller*

Licensed Embalmer No. *470*

P. O. Address *Manuel*

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.