

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021246
State File No.

FILED JUN 16 1958

BIRTH MO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3015 Registrar's No. 57

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

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Excelsior Springs</u>		c. LENGTH OF STAY (in this place) <u>1 week</u>	c. CITY OR TOWN <u>Excelsior Springs</u> 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 <u>Excelsior Springs Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>R.F.D. I Excelsior Spgs. MO.</u>	
3. NAME OF DECEASED a. (First) <u>Thomas</u> (Type or Print)		b. (Middle) <u>Clifton</u>	
c. (Last) <u>Easley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May, 27, 1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 17, 1876</u>
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>10</u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming, General</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XXXX</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri City, MO.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Christopher V. Easley</u>	
13b. MOTHER'S MAIDEN NAME <u>Margaret Poe</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Elizabeth Easley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>495-44-2771</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Anna Elizabeth Easley, RRI, Ex. Sp</u>		ADDRESS <u>RRI, Ex. Sp</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral arterial sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>		_____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332 X</u>	
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)		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>5-1</u> , 19 <u>56</u> to <u>5-27</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>5-27</u> , 19 <u>58</u> and that death occurred at <u>10:10 AM</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Doris Mungarr MD.</u>		23b. ADDRESS <u>Excelsior Springs, Mo</u>	
23c. DATE SIGNED <u>5-29-58</u>		_____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 29, 1958</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Missouri City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Missouri City, MO</u>	
DATE REC'D BY LOCAL REG. <u>6/2/58</u>		REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Hope Funeral Home</u>		ADDRESS <u>Ex. Spgs. MO</u>	



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 *Chas. Virgil Hope*.....

Licensed Embalmer No. *3950*

P. O. Address *Excelsior, Sp*

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.