

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016452
STATE FILE NUMBER

FILED APR 23 1959

Registration District No. 337 Primary Registration District No. 6141 Registrar's No. 38

300
1-57

1. PLACE OF DEATH a. COUNTY <u>SHEBBY</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>SHEBBY</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <u>JACKSON</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>SHEBBYVILLE</u> ¹⁰²⁶		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>HOME</u>		Length of stay in 1b <u>2 YEARS</u>	d. STREET ADDRESS (If outside, give location) <u>SHEBBYVILLE, Mo</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>ANNA</u> Middle <u>MUNRO</u> Last <u>EASDALE</u>			4. DATE OF DEATH Month <u>APRIL</u> Day <u>13</u> Year <u>1959</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>DEC 10, 1877</u>		9. AGE (In years last birthday) <u>81</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSE WORK</u>	11. BIRTHPLACE (City and state or country) <u>SCOTLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>WILLIAM EASDALE</u>		13b. MOTHER'S MAIDEN NAME <u>CHRISTINA MUNRO</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>MRS WILLARD STEVENSON</u> Address <u>SHEBBYVILLE</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiovascular disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____					INTERVAL BETWEEN ONSET AND DEATH <u>?</u> <u>?</u>
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.) <u>4221</u>			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
20e. CITY, TOWN, OR LOCATION <u>SHEBBYVILLE</u>		COUNTY		STATE	
21. I attended the deceased from <u>Feb 11 1957</u> to <u>Apr 13-1959</u> and last saw her alive on <u>Apr 12-1959</u> Death occurred at <u>1:30</u> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>AG Quecher M.D.</u> (Degree or title)			22b. ADDRESS <u>Shebbyville, Mo.</u>		22c. DATE SIGNED <u>4-14-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>April 15, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>T.O.O.F</u>		23d. LOCATION (City, town, or county) (State) <u>SHEBBYVILLE, Mo.</u>
24. FUNERAL DIRECTOR <u>GREENING-SHEBBYVILLE Mo</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>4-17-59</u>	26. REGISTRAR'S SIGNATURE <u>Ada Garrison</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Charles V. Green*

Licensed Embalmer No. *4425*
P. O. Address... *Claremont*

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.