

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-026359

FILED VS JUL 21 1960

107

Primary Registration District No. 3019

Registrar's No. 144

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> COUNTY <b>Dunklin</b>			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kennett</b>		Length of stay in lb <b>Most Of Life</b>		c. CITY OR TOWN <b>Kennett</b>		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Presnell Hospital</b>				Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		d. STREET ADDRESS (If outside, give location) <b>115 John R. St.</b>	
3. NAME OF DECEASED (Type or print) First <b>Charley</b> Middle <b>Easley</b> Last <b>Easley</b>				4. DATE OF DEATH Month <b>July</b> Day <b>8-</b> Year <b>1960</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>12-18-1905</b>	
9. AGE (last birthday) <b>54</b>		IF UNDER 1 YEAR Months <b>6</b> Days <b>20</b>		IF UNDER 24 HR Hours <b></b> Min. <b></b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Furniture Truck Man</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Furniture</b>			11. BIRTHPLACE (City and state or country) <b>Clay County Ark.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>							
13a. FATHER'S NAME <b>Robert Easley</b>				13b. MOTHER'S MAIDEN NAME <b>Fronie Cruse</b>			
14. NAME OF HUSBAND OR WIFE <b>Alta Mae Easley</b>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>				16. SOCIAL SECURITY NO. <b>89-18-6110</b>		17. INFORMANT <b>Alta Mae Easley</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Hypertension, Essential</b> DUE TO (c) <b></b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown	
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 <b></b> a.m. <b></b> p.m. <b></b>		Month, Day, Year <b></b>					
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		COUNTY STATE	
21. I attended the deceased from <b>8 July 60</b> to <b>8 July 60</b> and last saw <sup>him</sup> alive on <b>8 July 60</b> . Death occurred at <b>9 July 2:00 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Wm. E. Morehead M.D.</b>				22b. ADDRESS <b>Kennett Mo.</b>		22c. DATE SIGNED <b>11 July 60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>7-10-60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Oak Ridge Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Kennett Mo.</b>	
24. FUNERAL DIRECTOR <b>Lentz Service</b>		ADDRESS <b>Kennett Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>July 12-1960</b>		26. REGISTRAR'S SIGNATURE <b>Carl J. ...</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Edgar Fred Howard

Licensed Embalmer No. 4433

P. O. Address Kennett Mo.

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.