MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-002256
STATE FILE NUMBER

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 45

FILED JAN 30 1962

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Joplin
Length of stay in 1b: 72 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 921 Wall Street
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jasper
c. CITY OR TOWN: Joplin
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 921 Wall Street
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First THOMAS Middle JEFFERSON Last EASLEY
4. DATE OF DEATH: Month January Day 21, Year 1962
5. SEX: M
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 3-5-1873
9. AGE (last birthday): 88
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired- Painter & decorator
10b. KIND OF BUSINESS OR INDUSTRY: Decorating
11. BIRTHPLACE (City and state or country): Cairo, Illinois
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Barton W. Easley
13b. MOTHER'S MAIDEN NAME: Mary Jane Purcell
14. NAME OF HUSBAND OR WIFE: ------
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): Spanish-American
16. SOCIAL SECURITY NO.: Unk
17. INFORMANT: Son- Address: Edwin W. Easley, 921 Wall St., Joplin, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Nephritic Failure — INTERVAL BETWEEN ONSET AND DEATH: 36 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Azotemia — 2 weeks.
DUE TO (c) Myocarditis — 1 year.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerosis
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Jan 16 1962 to Jan 21 62 and last saw him alive on Jan 18, 1962
Death occurred at 9 PM on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Sidney Lawson D.O. (Degree or title)
22b. ADDRESS: Joplin Missouri
22c. DATE SIGNED: 1-23-62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-24-1962
23c. NAME OF CEMETERY OR CREMATORY: Osborne Memorial,
23d. LOCATION (City, town, or county) (State): Joplin, Missouri
24. FUNERAL DIRECTOR ADDRESS: STEVE PARKER MORTUARY, JOPLIN, MISSOURI
25. DATE RECD. BY LOCAL REG.: 1-25-1962
26. REGISTRAR'S SIGNATURE: Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED
BY AFFIDAVIT OF DOCUMENT

MAR 13 1962

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 Robert A. York, Student Embalmer No. 631 working under my personal supervision.

Student Robert A. York
Signature of Student Embalmer

Signed Harvey C. Armor

Licensed Embalmer No. 4465

P. O. Address Joplin 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.