

FILED MAY 18 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17006

State File No. ....

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 173

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>ST. FRANCIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FARMINGTON R.R.V.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL RR2 FARMINGTON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hosp.</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) <u>TOM</u>	a. (First) <u>JAMES THOMAS</u>	b. (Middle) <u>EASTER</u>	c. (Last) <u>EASTER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY-10-1949</u>
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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>JAN. 20, 1966</u>	9. AGE (In years last birthday) <u>83</u> if UNDER 1 YEAR Months <u>3</u> Days <u>20</u> if UNDER 4 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>BONNETERRE MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>DAVE EASTER</u>	13b. MOTHER'S MAIDEN NAME <u>SARAH FARREL</u>	14. NAME OF HUSBAND OR WIFE <u>BIRDIE EASTER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W. J. EASTER</u>	ADDRESS <u>Bonville, MO.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subarachnoid hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 h</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerosis (general)</u>		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocarditis chr</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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. DATE 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 5-8, 1949, to 5-10, 1949, that I last saw the deceased alive on 5-8, 1949, and that death occurred at 9:15 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>W. J. Easter M.D.</u>	(Degree or title)	23b. ADDRESS <u>Leadwood Mo</u>	23c. DATE SIGNED <u>5-11-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5-12-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LEADWOOD MO.</u>	24d. LOCATION (City, town, or county) (State) <u>LEADWOOD MO</u>
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DATE REC'D BY LOCAL REG. <u>May 12, 1949</u>	REGISTRAR'S SIGNATURE <u>Ether Rudolph</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bass Funeral Home Leadwood Mo</u>	ADDRESS <u>Leadwood Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

94  
8

RECEIVED

Sanitary Health Officer No. 4  
District File Number 249-666  
Date Filed 5-16-49

JUN 22 1949

JUN 1 1949

JUL 28 1949

JUN 28 1949

JUN 17 1950

NOV 16 1951

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 .....  
Student Embalmer

Signed S. T. Boyer

Licensed Embalmer No. 3660

P. O. Address Deeray, 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 this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Missouri  
County of St. Francois ss.

State File No. 17006  
Local Registrar's No. 173

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 25th day of August, 1949, before me appears.....

Mrs. Birdie Easter, who, upon her oath, states that the original record of ~~birth~~ death for James Thomas Easter <sup>died</sup> may 10, 1949 in the State of Missouri, and which was filed at Jeff City Mo on 5-18, 1949, should be corrected as follows:

Item No. 3 should read James Thomas Easter  
Instead of Tom Easter

Item No. .... should read.....  
Instead of.....

Item No. .... should read.....  
Instead of.....

Item No. .... should read.....  
Instead of.....

Item No. .... should read.....  
Instead of.....

Item No. .... should read.....  
Instead of.....

Item No. .... should read.....  
Instead of.....

Item No. .... should read.....  
Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs Birdie Easter  
Relationship wife

Route 2, Farmington, Mo.  
Present Address.

Subscribed and sworn to before me this 25th day of August, 1949.

My Commission Expires March 9th, 1951

Ethel M. Thomason, Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

AUG 25 1946