

FILED AUG 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>		c. LENGTH OF STAY (If applicable) <u>2 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>		<u>2</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>700 W Gay St.</u>			d. STREET ADDRESS (If rural, give location) <u>700 W Gay St.</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Anna</u> c. (Last) <u>Earp</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 30 1949</u>		
---	--	--	--	--	--

5. SEX <u>Female</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 1898</u>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Mins.) <u>51</u>
----------------------	-------------------------------	---	-------------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Gainesville Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
--	--	---	--

13a. FATHER'S NAME <u>Wm Turner</u>	13b. MOTHER'S MAIDEN NAME <u>Olia Monsel</u>	14. NAME OF HUSBAND OR WIFE <u>Enos Earp</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>500-28-3503</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Enos Earp</u>	ADDRESS <u>Warrensburg Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary atherosclerosis</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>4-20/</u>

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</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.) <u>Warrensburg Johnson Mo</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Warrensburg Johnson Mo</u>
--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>none</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>none</u>
---	--	---

22. I hereby certify that I attended the deceased from April, 1949, to July 30, 1949, that I last saw the deceased alive on 7-30-49, and that death occurred at 6 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. F. McPherson MD</u>	23b. ADDRESS <u>Warrensburg Mo</u>	23c. DATE SIGNED <u>8-1-49</u>
---	---------------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1 Aug 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Warrensburg Mo</u>
--	--------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>Aug 2, 1949</u>	REGISTRAR'S SIGNATURE <u>Sarah M. Hutchins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sweeney Phillips</u>	ADDRESS <u>Warrensburg Mo</u>
--	---	---	----------------------------------

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

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.

Signed J. Earl Priest

Signed.....
Student Embalmer

Licensed Embalmer No. 3898

P. O. Address Warrensburg

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.