

FILED JUN 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **16164**

BIRTH NO. _____		REG. DIST. NO. <u>67</u>		PRIMARY REG. DIST. NO. <u>5265</u>		Registrar's No. <u>14</u>		
1. PLACE OF DEATH a. COUNTY <u>CHRISTIAN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"RURAL" SPARTA</u>		c. LENGTH OF STAY (in this place) <u>1 WEEK</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>REPUBLIC</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HT. SPARTA, MO.</u>				d. STREET ADDRESS (If rural, give location) <u>MAIN STREET</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>			b. (Middle) <u>ROBERT</u>		c. (Last) <u>EARNHART</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 9 1950</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>May 20-1867</u>		9. AGE (In years) (last birthday) <u>82</u>	10. UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>TENNESSEE</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		11. UNDER 1 HR. Hours Min.	
13a. FATHER'S NAME <u>Don't Know</u>			13b. MOTHER'S MAIDEN NAME <u>Don't Know</u>		14. NAME OF HUSBAND OR WIFE <u>VIOLA RILEY EARNHART</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. JOHN SHORT, SPARTA, 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Vascular Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u> 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>33IX</u>				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>May-7, 1950</u> , to <u>May 9, 1950</u> , that I last saw the deceased alive on <u>May 8, 1950</u> , and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Dr. Harold H. Wilson</u>				23b. ADDRESS <u>Sparta Mo</u>		23c. DATE SIGNED <u>May 9-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PONCE DE LEON</u>		24d. LOCATION (City, town, or county) (State) <u>STONE COUNTY MO.</u>			
DATE REC'D BY LOCAL REG. <u>June 1-50</u>		REGISTRAR'S SIGNATURE <u>Lilbert Borch</u> <u>58</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John Chan Harris, Clever, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

300
48
70

RECEIVED JUN 5 1950
District Health Office No. 6,
District File Number 630-652
Date Filed 6-6-50

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.....

Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Helena 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.