

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20171

State File No. 2670

FILED JUL 1 1950

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ka Eugene</u>	
c. LENGTH OF STAY (In this place) <u>3 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>3311 East 36th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>3311 East 36th</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Irene (Rena)</u>	b. (Middle) <u>-</u>	c. (Last) <u>Earp</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 15, 1950</u>
-------------------------------------	--------------------------------	----------------------	-----------------------	---

5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Oct. 12, 1872</u>	9. AGE (In years last birthday) <u>77 78</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
----------------------	-------------------------------	---	---------------------------------------	--	---------------------------	-------------------------	---------------------------	--------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	-----------------------------------	---	---

13a. FATHER'S NAME <u>Spaulding</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Rush</u>	14. NAME OF HUSBAND OR WIFE <u>John Earp</u>
-------------------------------------	--	--

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>John Earp</u>	ADDRESS <u>3311 E. 36th.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Arterio Sclerosis</u>		<u>3 mos</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gen Arterio Sclerosis</u>		<u>3 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>334A</u>

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) m.	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 6-14, 1950, to 6-15, 1950, that I last saw the deceased alive on 6-15, 1950, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Leo M. Mullen</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>3548 Indiana</u>	23c. DATE SIGNED <u>6-15-50</u>
---	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6-15-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>-</u>	24d. LOCATION (City, town, or county) (State) <u>ELDON Mo.</u>
--	--------------------------	---	--

DATE REC'D BY LOCAL REG. <u>6-16-50</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE & McCLURE</u>	ADDRESS <u>Kansas City, Mo.</u>
---	--	---	---------------------------------

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

Dr. Rev. M. Mullins

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 _____

.....
working under my personal supervision.

Student Embalmer No.....

Signed S. J. Allen

Signed.....
Student Embalmer

Licensed Embalmer No. 145

P. O. Address S. C. 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.