

No. 300  
10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 7 1950

State File No. 25842

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 124

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Nevada</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Nevada</b>	
c. LENGTH OF STAY (In this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>614 North Washington</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>614 N. Washington</b>			

3. NAME OF DECEASED (Type or Print) <b>MURRAY</b>	a. (First) <b>CAUDLE</b>	b. (Middle)	c. (Last) <b>EARHART</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 15 1950</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>July 15, 1884</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shoe salesman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retail</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Samuel Earhart</b>	13b. MOTHER'S MAIDEN NAME <b>Medora Waddell</b>	14. NAME OF HUSBAND OR WIFE <b>-----</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>491-05-8329</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Lola Belcher</b>	ADDRESS <b>614 N. Washington Nevada, Missouri</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Rectum</b>	II. OTHER SIGNIFICANT CONDITIONS <b>157X</b>		
ANTECEDENT CAUSES	DUE TO (b) _____		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) _____		

19a. DATE OF OPERATION <b>July '48</b>	19b. MAJOR FINDINGS OF OPERATION <b>Inoperable carcinoma</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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? _____
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22. I hereby certify that I attended the deceased from 10-8, 1943, to 7-15, 1950, that I last saw the deceased alive on 7-14, 1950, and that death occurred at 5:45 Am., from the causes and on the date stated above.

23a. SIGNATURE <b>Chas. Davis, M.D.</b> (Degree or title)	23b. ADDRESS <b>Nevada, Mo.</b>	23c. DATE SIGNED <b>7-16-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 18, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Newton Burial Park</b>	24d. LOCATION (City, town, or county) (State) <b>Nevada Missouri</b>
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DATE REC'D BY LOCAL REG. <b>July 30, 1950</b>	REGISTRAR'S SIGNATURE <b>Kathryn H. Yancy</b> <b>331</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>L. B. Ferry</b> ADDRESS <b>_____</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

08 of 1

**DIVISION OF HEALTH OF MO.**

District No. 5 - Springfield

RECEIVED AUG 2 1950

Dist. File 850-915

Date Filed 8-5-50

NOV 24 1953

**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.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed.....  
*L. B. Henry*

Licensed Embalmer No. 1760

P. O. Address Nevada 711

**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.