

FILED OCT 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31368**

BIRTH NO.		REG. DIST. NO. 291	PRIMARY REG. DIST. NO. 4433	Registrar's No. 53
1. PLACE OF DEATH a. COUNTY PUTNAM		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY PUTNAM		0861
b. CITY (If outside corporate limits, write RURAL and give township) UNIONVILLE		c. LENGTH OF STAY (in this place) Life Time		
d. FULL NAME OF HOSPITAL OR INSTITUTION MONROE HOSPITAL		c. CITY (If outside corporate limits, write RURAL and give township) UNIONVILLE		0
d. STREET ADDRESS (If rural, give location) City				
3. NAME OF DECEASED (Type or Print) a. (First) SARAH b. (Middle) LEVINA c. (Last) EARLS		4. DATE OF DEATH (Month) (Day) (Year) SEPT. 9 1950		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JANUARY 11 1859	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. 91 7 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (State or foreign country) PUTNAM COUNTY MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME WILLIAM ANDERSON VILES		13b. MOTHER'S MAIDEN NAME SUSAN ELIZABETH CARDER	14. NAME OF HUSBAND OR WIFE JAMES H EARLS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Mr. Apal Hank Armstrong	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 2 years
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. TIME 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 June 2, 1950 , to Sept 9, 1950 , that I last saw the deceased alive on Sept 9, 1950 , and that death occurred at 8:10 P. m. , from the causes and on the date stated above.				
23a. SIGNATURE Chas L. Judd D.O.		23b. ADDRESS Unionville, Mo		23c. DATE SIGNED 9/10/50
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE SEPT. 12 1950	24c. NAME OF CEMETERY OR CREMATORY UNIONVILLE CEMETERY	24d. LOCATION (City, town, or county) (State) UNIONVILLE MISSOURI
DATE REC'D BY LOCAL REG. 9-30-50		REGISTRAR'S SIGNATURE Marvell Durbin		25. FUNERAL DIRECTOR'S SIGNATURE COMSTOCK FUNERAL HOME ADDRESS UNIONVILLE, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

361
0

Date Received: OCT 4 1950
DISTRICT HEALTH OFFICE #2
District File Number 10-50-
Date Filed: OCT 5 1950

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

James W. Cornstock

Licensed Embalmer No. 4197

P. O. Address. Unionville, 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.