

FILED JUN 30 1952
 No. 300
 10.48

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

19920

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 160

1. PLACE OF DEATH a. COUNTY <u>COOPER.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>COOPER.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BOONVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BOONVILLE</u>	
c. LENGTH OF STAY (in this place) <u>25 yr.</u>		d. STREET ADDRESS (If rural, give location) <u>118 WATER STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WESTLEY</u> b. (Middle) <u>EARLEY</u> c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 24-52</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>DEC-17-1889</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>4</u>	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STAMPER PRODUCE CO</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FOREMAN</u>	11. BIRTHPLACE (State or foreign country) <u>TIPTON MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>GEORGE EARLEY</u>	13b. MOTHER'S MAIDEN NAME <u>MARTHA SPEARS</u>	14. NAME OF HUSBAND OR WIFE <u>AMANDA EARLEY (RINNE)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. <u>495-05-8322</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. WESTLEY EARLEY</u> ADDRESS <u>BOONVILLE MO</u>
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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 <u>3 days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-Pneumonia</u>	DU TO (b) _____		
ANTECEDENT CAUSES	DU TO (c) _____		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS <u>Bronchiectasis</u>		<u>3</u>
Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>491X</u>
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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? _____
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22. I hereby certify that I attended the deceased from 6:20, 1952, to 6:24, 1952, that I last saw the deceased alive on 6-24-, 1952, and that death occurred at 9:35 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J.C. Backett MD</u>	23b. ADDRESS <u>Boonville Mo</u>	23c. DATE SIGNED <u>6-26-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JUNE 26-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WALNUT GROVE CEM</u>	24d. LOCATION (City, town, or county) (State) <u>BOONVILLE MO</u>
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DATE REC'D BY LOCAL REG. <u>6/26/52</u>	REGISTRAR'S SIGNATURE <u>Hooper</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Goodman & Diller</u> ADDRESS <u>Boonville Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0272
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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.....

J. Goodman

Licensed Embalmer No. *1178*

P. O. Address *Boonville 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.