

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**5520**

State File No. ....

BIRTH NO. **FILED MAR 9 1954** REG. DIST. NO. **226** PRIMARY REG. DIST. NO. **5799** Registrar's No. **8**

1. PLACE OF DEATH a. COUNTY <b>Monroe</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. <b>Missouri</b> COUNTY <b>Monroe</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Madison R R</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Madison, R R</b>	
c. LENGTH OF STAY (in the place) <b>lifetime</b>		d. STREET ADDRESS (If rural, give location) <b>R R</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>XXX X XX XXX XXX</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Luna Maude</b>	b. (Middle) <b>Earson</b>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>2 25 54</b>
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5. SEX <b>Female /</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>2/23/1877</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months	IF UNDER 24 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>at home</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>home making</b>	11. BIRTHPLACE (State or foreign country) <b>Monroe Co, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>
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13a. FATHER'S NAME <b>John W Lenheart</b>	13b. MOTHER'S MAIDEN NAME <b>Tryphena Wood</b>	14. NAME OF HUSBAND OR WIFE <b>James Earson</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Paul Woods</b>	ADDRESS <b>Madison, Mo</b>
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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) <b>Myocarditis</b>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>4222</b> YES <input type="checkbox"/> NO <input 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)
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 **1-11**, 1954, to **2-25**, 1954, that I last saw the deceased alive on **2-20**, 1954, and that death occurred at **10:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Gladys Meals D.O.</b>	23b. ADDRESS <b>Whitaker Hospital</b>	23c. DATE SIGNED <b>2-27-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>2/28/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Hill</b>	24d. LOCATION (City, town, or county) (State) <b>Madison MO</b>
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DATE REC'D BY LOCAL REG. <b>3-1-54</b>	REGISTRAR'S SIGNATURE <b>Elice Robertson 471</b>	FUNERAL DIRECTOR'S SIGNATURE <b>W. A. ...</b>	ADDRESS <b>Madison, MO</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 Fred A. Thompson

Licensed Embalmer No. 1420

P. O. Address Indianapolis

**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.