

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10002

State File No. _____

BIRTH NO. FILED MAR 19 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2479

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Crawford	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis, Mo.)	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Wesco	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital.		e. STREET ADDRESS (If rural, give location) 0281	

3. NAME OF DECEASED (Type or Print)	a. (First) Sherman	b. (Middle)	c. (Last) Earney	4. DATE OF DEATH (Month) (Day) (Year) Mar. 16, 1954.
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5. SEX Male <input type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married <input type="checkbox"/>	8. DATE OF BIRTH Oct. 15, 1885	9. AGE (In years last birthday) 668	# UNDER 1 YEAR Months	# UNDER 6 MRS. Days	# UNDER 1 HR. Hours	# UNDER 1 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Construction.	11. BIRTHPLACE (City and State or Foreign Country) Crawford County, Mo. <input type="checkbox"/>	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Wilson Earney	13b. MOTHER'S MAIDEN NAME Elizabeth Hinch	14. NAME OF HUSBAND OR WIFE never married
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No. Nil.	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pearl Earney, 4759 Westminster Ave.
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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) Peripneumonic subdural hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypoproteinaemia DUE TO (c) Acute hepatitis & fatty change		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 2/15/54	19b. MAJOR FINDINGS OF OPERATION Chronic prostatitis & fibromuscular hypertrophy of prostate	20. AUTOPSY? YES <input checked="" 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)
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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? 610X
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22. I hereby certify that I attended the deceased from 3/16, 1954 to 3/16, 1954, that I last saw the deceased alive on 3/16, 1954, and that death occurred at 4:15 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William R. Plad... M.D.	23b. ADDRESS 919 N. Taylor St.	23c. DATE SIGNED 3/17/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3-17-54	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Wesco, Missouri.
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DATE REC'D BY LOCAL REG. MAR 17 1954	REGISTRAR'S SIGNATURE Charles Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington.
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(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed..... *Paul A. Wachter*

Licensed Embalmer No. *478*

P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.