

FILED MAY 18 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14832  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lamar</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lamar</u>	
c. LENGTH OF STAY (in this place) <u>10 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1602 Mill St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> b. (Middle) _____ c. (Last) <u>EARP</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 9, 1954</u>
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5. SEX <u>♂</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 30, 1878</u>	9. AGE (in years last birthday) <u>75</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook, Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Cafe</u>	11. BIRTHPLACE (State or foreign country) <u>4 miles east of Lamar, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>John L. Earp</u>	13b. MOTHER'S MAIDEN NAME <u>Ida Maxwell</u>	14. NAME OF HUSBAND OR WIFE <u>Alice Earp</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) <u>No</u>	16. SOCIAL SECURITY NO. <u>496-16-0581</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Frank Earp,</u>	ADDRESS <u>Lamar, Mo.</u>
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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, asthenia, 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) <u>Pulmonary carcinoma</u>		<u>1 year</u>
	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. <u>Atherosclerosis abdominal aorta</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>103 X</u>	20. AUTOPSY? 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.) <u>Lamar</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Barton Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	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 Dec 1, 1953, to May 9, 1954, that I last saw the deceased alive on May 8, 1954, and that death occurred at 3:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D.A. Guldeer M.D.</u>	23b. ADDRESS <u>Lamar Mo</u>	23c. DATE SIGNED <u>5-11-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 12, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Marys Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lamar, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>MAY 12 1954</u>	REGISTRAR'S SIGNATURE <u>Marie Karanik</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chiles Funeral Home, Lamar, Mo.</u>	ADDRESS
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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 .....  
Student Embalmer

Signed

*Clemente Chiles*

Licensed Embalmer No. *3473*

P. O. Address *San 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.