No. 300
10.48

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

FILED SEP 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30253

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4197 Registrar's No. 87

1. PLACE OF DEATH
a. COUNTY: Gentry
b. CITY OR TOWN: Stanberry
c. LENGTH OF STAY (in this place): 33 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION: North Willow St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Gentry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~North Willow~~ Stanberry, Mo.
d. STREET ADDRESS (If rural, give location): North Willow St. 0280 0

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Shriver
c. (Last): Earnest

4. DATE OF DEATH (Month) (Day) (Year): Sept. 22 1954

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct. 9 1874
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Musician
10b. KIND OF BUSINESS OR INDUSTRY: School Librarian
11. BIRTHPLACE (State or foreign country): Philadelphia, Pa.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME: John Marshall Earnest
13b. MOTHER'S MAIDEN NAME: Alice Noble White
14. NAME OF HUSBAND OR WIFE: Mrs. Nevada Pearl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 500-36-4596
17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: Mrs. Pearl Earnest Stanberry, Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Cardio-Vascular Renal disease — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Bronchopneumonia, — 4 Days

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? YES ☐ NO ☑

4 42 X

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 28, 1954, to Sept 22, 1954, that I last saw the deceased alive on Sept 22, 1954, and that death occurred at 7.30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Albert L. Barlin M.D.
23b. ADDRESS: Stanberry, Mo
23c. DATE SIGNED: 9-23-54

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 9/24/54
24c. NAME OF CEMETERY OR CREMATORY: High Ridge
24d. LOCATION (City, town, or county) (State): Stanberry Gentry Mo.

DATE REC'D BY LOCAL REG.: Sept 24-54
REGISTRAR'S SIGNATURE: Maude Williams, 462
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Lafayette Schultze Stanberry Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Latoy F. Phillips

Licensed Embalmer No. 1898

P. O. Address Stockerney, 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.