

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34481

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>LAWRENCE</u>	
b. CITY OR TOWN <u>Aurora</u>		c. CITY OR TOWN <u>Aurora</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>727 PORTER AVE.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>727 PORTER AVE.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Daniel</u> c. (Last) <u>Earnhart</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 8 1954</u>	
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>JUNE 10-1863</u>
9. AGE (In years last birthday) <u>91</u>		if UNDER 1 YEAR Days <u>3</u>	if UNDER 24 HRS. Hours <u>28</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>TENN.</u>
12. CITIZEN OF WHAT COUNTRY? <u>1</u>			
13a. FATHER'S NAME <u>John Earnhart</u>		13b. MOTHER'S MAIDEN NAME <u>EBLINE WISE</u>	
14. NAME OF HUSBAND OR WIFE <u>MARY EARNHART</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Roy Earnhart</u>		ADDRESS <u>CRANE MO. R#1</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Disease</u> ANTECEDENT CAUSES (b) <u>Coronary Arteriosclerosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <u>1/201</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec. 3</u> , 19 <u>54</u> , to <u>Oct 8</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Oct 3</u> , 19 <u>54</u> , and that death occurred at <u>5:55</u> p. m., from the causes and on the date stated above.			
23a. SIGNATURE <u>C. P. Coyle</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Aurora, Mo.</u>	
23c. DATE SIGNED <u>10-10-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct-10-1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>OS2 CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CRANE R#1 MO.</u>	
DATE REC'D BY LOCAL REG. <u>10-21-1954</u>		REGISTRAR'S SIGNATURE <u>Oran Mc Natt</u>	
15		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clara L. Marsh</u> ADDRESS <u>Aurora, Mo.</u>	

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 \_\_\_\_\_

*Myself*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed: *William L. Mars*

Licensed Embalmer No. *3812*

P. O. Address *Pinon M O*

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.