S. No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37899

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 86

055

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

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aurora
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 727 Porter

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lawrence
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aurora
d. STREET ADDRESS (If rural, give location): 727 Porter

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3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): E.
c. (Last): Earnhart

4. DATE OF DEATH (Month) (Day) (Year): Nov. 13-1954

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: June 13-1877
9. AGE (In years last birthday): 77 — If under 1 year: Months 5, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and State or Foreign Country): Christian
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Bethel Merritt
13b. MOTHER'S MAIDEN NAME: Sarah Wise
14. NAME OF HUSBAND OR WIFE: deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Roy Earnhart, ADDRESS: Crane, MO.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Senile Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 11 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
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: 332 X
20. AUTOPSY? YES ☐ NO ☐

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* 12-9, 1953 *to* 11-14, 1954, *that I last saw the deceased alive on* 11-14, 1954, *and that death occurred at* 8:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. P. Copetti (Degree or title): M.D.
23b. ADDRESS: Aurora, Mo.
23c. DATE SIGNED: 11-16-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/15/54
24c. NAME OF CEMETERY OR CREMATORY: Osa Cemetery
24d. LOCATION (City, town, or county) (State): Crane, Mo.

DATE REC'D BY LOCAL REG.: 11-19-1954
REGISTRAR'S SIGNATURE: Ora McNatt 1570
25. FUNERAL DIRECTOR'S SIGNATURE: Oscar L. Marsh, ADDRESS: Aurora, 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 Myself, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Oscar L. Marsh

Licensed Embalmer No. 3812

P. O. Address Aurora 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.