

FILED JUL 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21141**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **680**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b> <b>6001</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Joseph 2</b>	c. LENGTH OF STAY (in this place) (township) <b>3 mos-15 days</b>	c. CITY OR TOWN <b>North Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hospital #2</b>		STREET ADDRESS (If rural, give location) <b>1405 E. 23rd St.</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>EARL</b>	b. (Middle) <b>C.</b>	c. (Last) <b>EARLS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 6, 1955</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 19, 1911</b>	9. AGE (In years last birthday) <b>43</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 11 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Plumber</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Plumbing</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Baxter Springs, Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>John W. Earls</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Marie Gaines</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. Earl C. Earls</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Earl C. Earls</b>	ADDRESS <b>1405 E. 23rd St., North Kansas City, Mo.</b>
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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
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Brain Hemorrhage</b>		<b>Recent</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Bronchial Pneumonia</b> DUE TO (c) <b>auto accident 5/17/1955</b>		<b>Acute</b> <b>June</b>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Psychotic</b>		<b>Oct. 12, 1954</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Bridge</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Kansas City Jackson Missouri</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>May 17, 1955 ? m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Auto Accident</b>
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22. I hereby certify that I attended the deceased from **July 5, 1955**, to **July 6, 1955**, that I last saw the deceased alive on **July 6, 1955**, and that death occurred at **4:20P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Jarrett Thomas M.D.</b>	23b. ADDRESS <b>State Hospital #2, City</b>	23c. DATE SIGNED <b>7/7-1955</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 9, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Virginia Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Butler, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>July 11, 1955</b>	REGISTRAR'S SIGNATURE <b>Ethel M. Allison</b>	FUNERAL DIRECTOR'S SIGNATURE <b>J. H. Newcomer, Sons</b>	ADDRESS <b>9mo. North Kansas City</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 19 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ..... Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *John Walsbeck*.....

Licensed Embalmer No. *494*

P. O. Address *Mo. Kansas*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
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.