

FILED AUG 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25345

42

1000

906

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.		
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 28 yrs-11 days		c. CITY OR TOWN Kansas City		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 State Hospital #2				e. STREET ADDRESS (If rural, give location) 4201 Locust Street 3658/1				
3. NAME OF DECEASED (Type or Print) a. (First) OSIE			b. (Middle) A.		c. (Last) EARHARDT		4. DATE OF DEATH (Month) (Day) (Year) AUGUST 17, 1955	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH March 22, 1872		9. AGE (In years last birthday) 83	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) housewife			10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Wm. W. Stephens			13b. MOTHER'S MAIDEN NAME Abdiegan Prouse		14. NAME OF HUSBAND OR WIFE David Earhardt			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. nil		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Stella Marhurst, Chicago, Illinois				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Stroke of paralysis, left side ANTECEDENT CAUSES DUE TO (b) Cerebral arteriosclerosis Morbid 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. Psychotic					INTERVAL BETWEEN ONSET AND DEATH 3 days 15 yrs + 23 yrs +	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 334X					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from Jan 1, 1955, to Aug 17, 1955, that I last saw the deceased alive on Aug 16, 1955, and that death occurred at 6 AM m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) C. E. Gossins M.D.				23b. ADDRESS State Hospital #2, St. Joseph, Mo.		23c. DATE SIGNED 8-17-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Aug 17, 1955	24c. NAME OF CEMETERY OR CREMATORY (Crescent Hill Cem. (Adrian) MO)		24d. LOCATION (City, town, or county) (State) North Kansas City, Mo.			
DATE REC'D BY LOCAL REG. Aug 24, 1955		REGISTRAR'S SIGNATURE Loather M. Allison 485		25. FUNERAL DIRECTOR'S SIGNATURE D. W. Newcomer's Sons		ADDRESS North Kansas City, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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.....
Signature of Student Embalmer

Signed *Glenn H. Hill*.....

Licensed Embalmer No...458

P. O. Address...K.C...1672

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.