No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27265

FILED SEP 13 1955

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5993 Registrar's No. 67

1. PLACE OF DEATH
a. COUNTY Putnam
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Newtown
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) ✓

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Iowa
b. COUNTY
c. CITY OR TOWN Baxter
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
STREET ADDRESS (If rural, give location) 8140 8

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) WILLARD c. (Last) EARLES
4. DATE OF DEATH (Month) (Day) (Year) 8-28-1955

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept 4 1917
9. AGE (In years last birthday) 37 IF UNDER 1 YEAR Months 11 Days 24 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Labour
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Harris Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Earls
13b. MOTHER'S MAIDEN NAME Saphrama Collins
14. NAME OF HUSBAND OR WIFE Beulah Earles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. 494-12-4839
17. INFORMANT'S SIGNATURE OR NAME John Earles ADDRESS Harris 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) Traumatic shock — INTERVAL BETWEEN ONSET AND DEATH 30 min

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

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Auto
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) State Hwy
21c. (CITY, TOWN, OR TOWNSHIP) Newtown (COUNTY) Putnam (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8-28-55 9:40 A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Auto accident

22. *I hereby certify that I attended the deceased from* 8/28, 1955, *to* 8/28, 1955, *that I last saw the deceased alive on* 8/28/55, 19__, *and that death occurred at* 10:10 *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) DO, J
23b. ADDRESS Harris, Mo
23c. DATE SIGNED 8/29/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8-30-55
24c. NAME OF CEMETERY OR CREMATORY Harris Cem
24d. LOCATION (City, town, or county) Harris (State) Mo

DATE REC'D BY LOCAL REG. 9-12-55
REGISTRAR'S SIGNATURE Marvell Durbin 2.66 0
25. FUNERAL DIRECTOR'S SIGNATURE Judd & Payne ADDRESS Newtown Mo

(Licensed Embalmer's Statement on Reverse Side)

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 emba

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed T. Howard Judd.....

Licensed Embalmer No. 32

P. O. Address.....

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