

FILED NOV 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32154**

Registrar's No. **81**

BIRTH NO. _____		REG. DIST. NO. 11		PRIMARY REG. DIST. NO. 4024		Registrar's No. 81	
1. PLACE OF DEATH a. COUNTY Barry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cassville		c. LENGTH OF STAY (in this place) 1 day		c. CITY OR TOWN Cassville		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Cassville Community Hosp.				e. STREET ADDRESS (If rural, give location) 0050			
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES			b. (Middle) KYLE		c. (Last) EARLE		4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 7, 1955
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 12, 1891		9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		10b. KIND OF BUSINESS OR INDUSTRY farm		11. BIRTHPLACE (City and State or Foreign Country) Cassville, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME George Earle		13b. MOTHER'S MAIDEN NAME Sally House		14. NAME OF HUSBAND OR WIFE Cecil May Courtney			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes 1916-1922		16. SOCIAL SECURITY NO. 4201		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Cecil Earle-Cassville Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Coronary thrombosis				INTERVAL BETWEEN ONSET AND DEATH 1 day	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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. osteoarthritis				to my knowledge 6-7 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) m.		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 May 24, 1952 , to Oct. 7, 1955 , that I last saw the deceased alive on Oct. 7, 1955 , and that death occurred at 12:20 a. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Mary Newman, M.D.				23b. ADDRESS Cassville, Mo.		23c. DATE SIGNED 10-29-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-9-1955	24c. NAME OF CEMETERY OR CREMATORY Antioch Cemetery		24d. LOCATION (City, town, or county) (State) Cassville, Missouri		
DATE REC'D BY LOCAL REG. 11-5-55		REGISTRAR'S SIGNATURE Mary McDonald		25. FUNERAL DIRECTOR'S SIGNATURE Paul D. Hubert		ADDRESS Cassville, Mo.	

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

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 1155-350

DATE REC. 11-7-55

NOV

OCT 18 1962

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 Paul D. Kenbest

Licensed Embalmer No. 451

P. O. Address Cassville

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.