

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33945

State File No. _____

FILED NOV 7 1955

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 108

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Bedford</u>		c. CITY OR TOWN <u>Hawkpoint</u>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>24 Days</u>		e. STREET ADDRESS (If rural, give location) <u>0570</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Lincoln County Memorial Hosp.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>EVA</u>	b. (Middle) <u>LOUELLA</u>	c. (Last) <u>EARNEST</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 27, 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>July 27 1869</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>5</u>	IF UNDER 1 HRS. Hours <u>5</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Hawkpoint MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Poke Ernest</u>	13b. MOTHER'S MAIDEN NAME <u>Rebecca Slater</u>	14. NAME OF HUSBAND OR WIFE <u>Sam Earnest</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Margarie Dyer Troy MO.</u>	ADDRESS _____
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>anemia</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>H 201</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR _____
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22. I hereby certify that I attended the deceased from 10/29/55, 1955, to 11/2, 1955; that I last saw the deceased alive on 11/2, 1955, and that death occurred at 7 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. C. S. [Signature]</u> (Degree or title) _____	23b. ADDRESS <u>Troy MO.</u>	23c. DATE SIGNED <u>11/3/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 5 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hawkpoint Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Hawkpoint MO.</u>
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DATE REC'D BY LOCAL REG. <u>11-5-1955</u>	REGISTRAR'S SIGNATURE <u>Emma D. Riddle</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne McLaughlin</u>	ADDRESS <u>Troy MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Wayne Mc Coy*.....
Licensed Embalmer No. *35*.....

P. O. Address *Troy W*.....

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.