

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029894
STATE FILE NUMBER

FILED SEP 10 1958

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 165

S. 300
1-57

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Rolla
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McFarland Nursing Home		Length of stay in lb 2 Yrs	d. STREET ADDRESS 701 Salem Ave.,
3. NAME OF DECEASED (Type or print) First Middle Last ARTHUR FAY EARHART			4. DATE OF DEATH 2 Sept. 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 19 June 1892
9. AGE (In years last birthday) 66		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) Welder		10b. KIND OF BUSINESS OR INDUSTRY Steel Industry	11. BIRTHPLACE (City and state or country) Horton Kansas
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William Earhart	
13b. MOTHER'S MAIDEN NAME Sarah Guinn		14. NAME OF HUSBAND OR WIFE Lela M. Earhart	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) Yes W.W. # 1		16. SOCIAL SECURITY NO. 487-05-4826	17. INFORMANT Address Mrs. Lela M. Earhart, 701 Salem Av
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 1 wk.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio-sclerosis far advanced			yes
DUE TO (c) 4201			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 7-29-56 , to 9-2-58 and last saw ^{him} alive on 9-1-58 Death occurred at 7:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE James M. Myers M.D.		22b. ADDRESS Rolla, Mo.	22c. DATE SIGNED 9/4/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4 Sept. 1958	23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Gardens	23d. LOCATION (City, town, or county) Rolla, Mo.,
24. FUNERAL DIRECTOR By Paul E. Null	ADDRESS Rolla	25. DATE RECD. BY LOCAL REG. Sept. 3, 1958	26. REGISTRAR'S SIGNATURE Madrie L. Stoll

RECEIVED

Phelps County Health Officer,

SEP 18 1958

County File Number 1136

Date Filed Sept 8, 1958

SEP 11 1958

SEP 17 1958

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 E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, Mo.

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.