

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

3 2 7 1960

-60-046594

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 223

DED

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mineral Twsp.		c. CITY OR TOWN Joplin	
Length of stay in 1b 11 1/2 mo's		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Elmhurst Convalescent Home		d. STREET ADDRESS (If outside, give location) Connor Hotel, 4th & Main St.	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First GEORGE Middle WASHINGTON Last EARP			4. DATE OF DEATH Month December Day 21 , Year 1960			
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5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-13-1864	9. AGE (last birthday) 96	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Field Officer - Internal Revenue	10b. KIND OF BUSINESS OR INDUSTRY Service	11. BIRTHPLACE (City and state or country) Montgomery County, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME John Douglas Earp	13b. MOTHER'S MAIDEN NAME Dorcas Cox	14. NAME OF HUSBAND OR WIFE Anna Earp, dec'd 11-28-1898
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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) No	16. SOCIAL SECURITY NO. Unk	17. INFORMANT Son - Stanley M. Earp, 1288 Chesterfield Drive, Birmingham, Michigan
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis		INTERVAL BETWEEN ONSET AND DEATH 12 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Generalized Arterio sclerosis ?	
	DUE TO (c) _____	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____
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20d. INJURY OCCURRED WHILE AT WORK <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.) ROOM 502 MEDICAL ARTS BLDG.	20f. CITY, TOWN, OR LOCATION Joplin, Mo.	COUNTY Jackson	STATE _____
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21. I attended the deceased from 11-20-60 to 12-21-60 .	Death occurred at 12-21-60 7:50 AM on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>[Signature]</i> (Degree or title) AM	22b. ADDRESS Medical Arts Bldg. Joplin, Mo.	22c. DATE SIGNED 12-22-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-23-60	23c. NAME OF CEMETERY OR CREMATORY Maple Grove Cemetery,	23d. LOCATION (City, town, or county) (State) Wichita, Kansas
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24. FUNERAL DIRECTOR STEVE PARKER MORTUARY,	ADDRESS JOPLIN, MISSOURI	25. DATE RECD. BY LOCAL REG. 12-22-60	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harvey B. Bruce

Licensed Embalmer No. 4463

P. O. Address Joplin 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.