MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-036269
STATE FILE NUMBER

AMENDED

Registration District No. 73 Primary Registration District No. 3014 Registrar's No. 118

FILED NOV 14 1961

1. PLACE OF DEATH
a. COUNTY CLAY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LIBERTY — Length of stay in 1b Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 333 So. MISSOURI — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY CLAY
c. CITY OR TOWN LIBERTY — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 333 So. MISSOURI — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First JOHN Middle DAVID Last EARLS
4. DATE OF DEATH Month NOVEMBER Day 8 Year 1961
5. SEX MALE
6. COLOR OR RACE CAUC.
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Dec 4, 1893
9. AGE (last birthday) 67 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER
10b. KIND OF BUSINESS OR INDUSTRY FARMING
11. BIRTHPLACE (City and state or country) CLAY County, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME WILLIAM EARLS
13b. MOTHER'S MAIDEN NAME MARGARET FAUBION
14. NAME OF HUSBAND OR WIFE ETHEL EARLS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. I
16. SOCIAL SECURITY NO.
17. INFORMANT Ethel Earls Address Liberty, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) APPARENT CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) NATURAL CAUSES
20c. TIME OF INJURY Hour a.m. p.m. APPROX. 3:00 Month, Day, Year NOV. 8, 1961
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME
20f. CITY, TOWN, OR LOCATION 333 So. MISSOURI, LIBERTY, COUNTY CLAY, STATE Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at APPROX. 3 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Donald T. Seneker, Acting Coroner
22b. ADDRESS Clay Co. SHERIFF'S DEPT. LIBERTY, Mo.
22c. DATE SIGNED 8 Nov. 61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Nov. 10, 1961
23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery
23d. LOCATION (City, town, or county) (State) Liberty Missouri
24. FUNERAL DIRECTOR Church-Archer Co ADDRESS Liberty, Mo.
25. DATE RECD. BY LOCAL REG. 11-9-1961
26. REGISTRAR'S SIGNATURE Mabel Graham

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED
BY AFFIDAVIT OF DOCUMENT

NOV 16 1961

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 Harold K. Smith

Licensed Embalmer No. 4575

P. O. Address Liberty, 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.