

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041571

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 172 Primary Registration District No. 4272 Registrar's No. 80

STATE FILE NUMBER

FILED NOV 29 1961

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Lafayette		b. CITY (If outside corporate limits, give TOWNSHIP only) Waverly		a. STATE Missouri		b. COUNTY Carroll	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kelling Clinic.		Length of stay in 1b 1 1/2 Yrs.		c. CITY OR TOWN Norborne		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS Fifth Street.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Frank		Middle A.		Last Early		Month Day Year Nov. 21 1961	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-8-1870	9. AGE (last birthday) 91	IF UNDER 1 YEAR Months Days Hours Min. 7 13	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Clothing		11. BIRTHPLACE (City and state or country) Ray County.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John B. Early.			13b. MOTHER'S MAIDEN NAME Margaret Michael		14. NAME OF HUSBAND OR WIFE Ella Franken Early (DEC		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				17. INFORMANT Address Irene Franken (Norborne Mo.)			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH 3 YEARS +	
IMMEDIATE CAUSE (a) CARDIO VASCULAR RENAL DISEASE							
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. MULTIPLE CEREBRAL ACCIDENTS, ARTERIOSCLEROSIS GENERALIZED, BILATERAL HERNIAS - HYPERTROPHY OF PROSTATE						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	
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.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
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.)	20f. CITY, TOWN, OR LOCATION Waverly, Missouri		COUNTY Carrollton		STATE Mo.	
21. I attended the deceased from 33 YEARS PLUS to 11/21/61 and last saw him alive on 11/20/61 Death occurred at 2:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Douglas Kelling M.D.				22b. ADDRESS Waverly, Missouri		22c. DATE SIGNED 11/22/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-23-61	23c. NAME OF GEMETERY OR CREMATORY St. Mary's Cemetery		23d. LOCATION (City, town, or county) (State) Carrollton Mo.			
24. FUNERAL DIRECTOR Marshall F. Home Carrollton Mo.			ADDRESS		25. DATE RECD. BY LOCAL REG. Nov. 22. 1961		26. REGISTRAR'S SIGNATURE Leticia Gordon Jordan

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton 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.