

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035452

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 73 Primary Registration District No. 6291 Registrar's No. 112

FILED OCT 8 1963

1. PLACE OF DEATH a. COUNTY <u>Clay</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Liberty</u>		Length of stay in 1b <u>5 years</u>	c. CITY OR TOWN <u>Liberty</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rt. 3</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Rt. 3</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Lucy</u> Middle <u>E.</u> Last <u>Earls</u>			4. DATE OF DEATH Month <u>September</u> Day <u>26</u> Year <u>1963</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-29-1868</u>	9. AGE (last birthday) <u>95</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>
IF UNDER 24 HR Hours <u> </u> Min. <u> </u>	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>home</u>	11. BIRTHPLACE (City and state or country) <u>Kearney, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>E. S. Green</u>		13b. MOTHER'S MAIDEN NAME <u>Hannah Porter</u>		14. NAME OF HUSBAND OR WIFE <u>Ben T. Earls</u>	
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. <u>none</u>	17. INFORMANT <u>Mrs. Ernest Capps Rt. 3 Liberty, Mo.</u> Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Ischemia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u>
DUE TO (b) <u>Arteriosclerosis, generalized</u>					<u>30 years</u>
DUE TO (c) <u>Gangrene of left great toe</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Gangrene of left great toe</u>				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	COUNTY	STATE	
21. I attended the deceased from <u>9-25-63</u> , to <u>Death</u> and last saw <u>her</u> alive on <u>9-25-63</u> . Death occurred at <u>9:50 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Charles E. Jones M.D.</u>			22b. ADDRESS <u>Liberty, Mo</u>		22c. DATE SIGNED <u>9-27-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	23b. DATE <u>9-29-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Trimble, Missouri</u>		
24. FUNERAL DIRECTOR <u>Pasley Funeral Home Liberty, Mo.</u>		ADDRESS	25. DATE RECD. BY LOCAL REG. <u>10-1-63</u>	26. REGISTRAR'S SIGNATURE <u>Mabel Graham</u>	

DO NOT WRITE ON THIS STUB	AMENDED	DATE AMENDED	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	SHOULD READ	BY AFFIDAVIT OF
VS 300 Rev. 4/59							
1 <u>6000</u>							
2 <u>6000</u>							
3							
4 <u>1</u>							
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7 <u>0</u>							
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9 <u>450.1</u>							
10							
11							
12 <u>90-0</u>							
13 <u>3-0</u>							
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS							
USE BLACK INK OR TYPEWRITER RIBBON							

(Licensed Embelmer's Statement on Reverse Side)

1961 6 100

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 John Parley

Licensed Embalmer No. 4308

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.

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