

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

40587
 Do not use this space.

DEC 16 1938

1. PLACE OF DEATH

(a) County Vernon Registration District No. 878
 (b) Township Dolan Primary Registration District No. 6166
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

W/O Robert T. Earl
 (a) Residence, No. Sheldon Mrs. R. # Star St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Etta Earl

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 12 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 1 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. farmer
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris Edger Co Ill

FATHER 13. NAME Thomas Earl
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Indiana

MOTHER 15. MAIDEN NAME unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Etta Earl Sheldon mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Beola Cemetery DATE Nov. 25 1938

19. FUNERAL DIRECTOR (ADDRESS) J. B. Berry & Sons Sheldon mo.

20. FILED Nov. 26 1938 Carroll T. Berry Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 22 1938

22. I HEREBY CERTIFY, (That I attended deceased from Nov 23 1938 to Nov 23 1938)
 I last saw him alive on Nov 23 1938 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:
Myocardial infarction
secondary disease
coronary atherosclerosis
 Date of onset _____

Other contributory causes of importance:
171

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury C
 Nature of injury C

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Thomas G. Suetterl M. D.
Sheldon, mo. (Address)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 7,

District File Number 7-38-80.7

Date Filed 12-7-38

STATEMENT BY LICENSED EMBALMER

I, Carroll T. Beery, Licensed Embalmer No. 2385
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me Personal
L. E.
No. _____ or by _____, Registered Apprentice No. 2385
working under my personal supervision.
Signed Carroll T. Beery
Licensed Embalmer No. 2385

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.)