

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 12377

REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1062

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 1062	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray			
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City				c. CITY (If outside corporate limits, write RURAL and give township) Grape Grove Rural			
c. LENGTH OF STAY (in this place) 12 days				d. STREET ADDRESS (If rural, give location) North of Hardin, Mo.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital				e. STREET ADDRESS (If rural, give location) North of Hardin, Mo.			
3. NAME OF DECEASED (Type or Print) Helen Frances Early				4. DATE OF DEATH (Month) (Day) (Year) March 8, 1949			
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Feb. 22, 1911	
9. AGE (In years last birthday) 38		10. MONTHS 38		11. DAYS 38		12. HOURS 38	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife				10b. KIND OF BUSINESS OR INDUSTRY --			
11. BIRTHPLACE (State or foreign country) Ray Co., Missouri				12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME Mory C. Halterman		13b. MOTHER'S MAIDEN NAME Sarah E. Bayer		14. NAME OF HUSBAND OR WIFE Clyde F. Early			
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. --		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clyde Early Grape Grove, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chronic glomerular nephritis with contracted kidneys ANTECEDENT CAUSES Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) contracted kidneys DUE TO (c) 59-2-X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 2/28 , 1949, to 3/8 , 1949, that I last saw the deceased alive on 3/8 , 1949, and that death occurred at m. , from the causes and on the date stated above.							
23a. SIGNATURE OF G. MONTGOMERY (Degree or title) G. Montgomery				23b. ADDRESS Prof. Bldg. K. C. Mo.		23c. DATE SIGNED 3-8-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 3-8-49		24c. NAME OF CEMETERY OR CREMATORY Hardin		24d. LOCATION (City, town, or county) (State) Hardin Missouri	
DATE REC'D BY LOCAL REG. 3-8-49		REGISTRAR'S SIGNATURE Eveline Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Knipschild & Borcharding		ADDRESS Hardin, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

48
3
8
0

No. 300
10-48

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.

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.

the underlying cause last. <i>Contracted</i> DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>new record</i>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE		23b. ADDRESS	
<i>H. Montgomery M.D.</i> (Degree or Title)		<i>Protest Bldg R.C. Mo.</i>	
23c. DATE SIGNED			
<i>3/8/49</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
<i>Removal</i>	<i>Feb. 18, 1949</i>	<i>Harden</i>	<i>Harden, Mo.</i>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
<i>3-8-49</i>	<i>Geraldine Holmes</i>	<i>Knapchild & Boushiding Harden, Mo.</i>	

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 _____

AUGUST BORCHERDING

Student Embalmer No. 237

working under my personal supervision.

Signed... August Borcharding
Student Embalmer

Signed John W. Knipschild
Licensed Embalmer No. 2789

P. O. Address Hardin 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 this body is not embalmed, fact should be so stated above.