

FILED APR 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12343

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>72</u>		PRIMARY REG. DIST. NO. <u>4134</u>		Registrar's No. <u>33</u>			
1. PLACE OF DEATH a. COUNTY <u>Clay CO.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Bosworth MO.</u> b. COUNTY <u>Carroll</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Smithville MO. Rural</u>		c. LENGTH OF STAY (In this place) <u>1 d</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bosworth Mo</u>		d. STREET ADDRESS (If rural, give location) <u>0170</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>1</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rector</u>			b. (Middle) <u>Marvin</u>		c. (Last) <u>Earleywine</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 5 50</u>		
5. SEX <u>M O</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 18, 1914</u>		9. AGE (In years last birthday) <u>36</u> IF UNDER 1 YEAR Months <u>2</u> Days <u>17</u> IF UNDER 24 HRS. Hours <u>1</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Bosworth MO.</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Frank Earleywine</u>			13b. MOTHER'S MAIDEN NAME <u>Florence May Winfrey</u>			14. NAME OF HUSBAND OR WIFE <u>Georgia Jean Earleywine</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>Yes World War 2</u>			16. SOCIAL SECURITY NO. <u>1</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Georgia Jean Earleywine Bosworth Mo</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ruptured peptic ulcer</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>bilateral pneumonia</u> DUE TO (c). _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Been consuming large amount alcohol for several months according to family statement</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5400</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				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) _____		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 <u>5 Apr, 1950</u> , to <u>5 Apr, 1950</u> , that I last saw the deceased alive on <u>5 Apr, 1950</u> , and that death occurred at <u>12:39 pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>E. H. Allen</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Tina, Mo.</u>			23c. DATE SIGNED <u>6 Apr 50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April-7-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wharton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bosworth Mo</u>			
DATE REC'D BY LOCAL REG. <u>Apr 6-1950</u>		REGISTRAR'S SIGNATURE <u>Beulah Kitchener</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>David Edwards</u>		ADDRESS <u>Bosworth Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0240

RECEIVED APR 17
District Health Officer No. 8,
District File Number _____
Date Filed 4-27-50

SEP 20 1950

APR 28 1950

APR 18 1950

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 _____
Student Embalmer

Signed David J. Edwards

Licensed Embalmer No. 3265

P. O. Address Bosworth 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.