

FILED JUL 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19963

State File No.

BIRTH NO.		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>5465</u>		Registrar's No. <u>574</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>			
b. CITY OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (in this place) <u>Rural</u>		c. CITY OR TOWN <u>Springfield</u> Rural- <u>N. Campbell</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2801 East Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>2801 East Ave.</u> <u>0390 Twp.</u>			
3. NAME OF DECEASED (Type or Print) <u>Shelby</u>		a. (First)		b. (Middle) <u>Oscar</u>		c. (Last) <u>Earnhardt</u>	
4. DATE OF DEATH <u>June 23 1950</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 15 1883</u>		9. AGE (In years last birthday) <u>66</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Transfer Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Transferring</u>	
11. BIRTHPLACE (State or foreign country) <u>Ky.</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>John Earnhardt</u>		13b. MOTHER'S MAIDEN NAME <u>Shelby</u>		14. NAME OF HUSBAND OR WIFE <u>Laura Ruth Earnhardt</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>491-03-0205</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Laura Earnhardt Springfield</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Cardiac Disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>ten then</u> <u>2 yrs.</u> <u>4201</u>	
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)		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>2-3</u> , 19 <u>50</u> , to <u>6-23</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>May 16</u> , 19 <u>50</u> , and that death occurred at <u>3:10 p.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <u>Max F. ...</u>				23b. ADDRESS <u>Springfield Mo</u>		23c. DATE SIGNED <u>6-24-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/25/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6-26-50</u>		REGISTRAR'S SIGNATURE <u>H. E. Handley</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. W. Klingner & Co. Springfield</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Student
Student Embalmer

Signed Ogle Slone Jr.

Licensed Embalmer No. 4976

P. O. Address Springfield

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.