

FILED SEP 14 1950

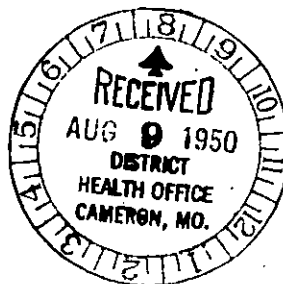
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29247

BIRTH NO. _____		REG. DIST. NO. 374		PRIMARY REG. DIST. NO. 4547		Registrar's No. 40	
1. PLACE OF DEATH a. COUNTY Worth				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Worth			
b. CITY (If outside corporate limits, write RURAL and give township) Grant City		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Grant City		1130	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) Ivan		b. (Middle) Valentine		c. (Last) Early		4. DATE OF DEATH (Month) (Day) (Year) July 27 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 2-14-1871		9. AGE (In years last birthday) Months Days Hours Min. 79 5 13	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Worth County Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Thomas Jefferson Early		13b. MOTHER'S MAIDEN NAME Lora Hillsabeck		14. NAME OF HUSBAND OR WIFE Sarah Elena 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. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Iris Brown Redding, Iowa		ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ☒ DUE TO (c) ☒ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ☒ 4201				INTERVAL BETWEEN ONSET AND DEATH 1 hr	
19a. DATE OF OPERATION ☒		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☐	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 1, 1920, to July 22, 1950, that I last saw the deceased alive on 7-25-50, 1950, and that death occurred at 8:00 a.m., from the causes and on the date stated above.							
23a. SIGNATURE Dr. H. H. H. H. (Degree or title)				23b. ADDRESS Grant City, Mo.		23c. DATE SIGNED 8-28-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-29-1950		24c. NAME OF CEMETERY OR CREMATORY Honey Grove Cemetery		24d. LOCATION (City, town, or county) (State) Grant City, Missouri	
DATE REC'D BY LOCAL REG. Aug 5-1950		REGISTRAR'S SIGNATURE Peta E. Dawson		FUNERAL DIRECTOR'S SIGNATURE Frank C. Duffee		ADDRESS Grant City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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



FEB 7 1951

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.....

Licensed Embalmer No. 3252

P. O. Address. Front City, 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.