

FILED OCT 27 1950

STANDARD CERTIFICATE OF DEATH

State File No. 32748

BIRTH NO.		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007 Registrar's No. 411	
1. PLACE OF DEATH a. COUNTY Butler			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Butler		
b. CITY (If outside corporate limits, write RURAL and give town) Poplar Bluff.		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) R.R.1		d. STREET ADDRESS (If rural, give location) 3 Miles West of Qulin.
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hosp			c. CITY (If outside corporate limits, write RURAL and give township) Qulin, Mo. 0120		
3. NAME OF DECEASED (Type or Print) a. (First) HATTIE		b. (Middle) BELLE	c. (Last) EARP	4. DATE OF DEATH (Month) (Day) (Year) Oct. 8, 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6/5/1887	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months 4
IF UNDER 1 YEAR Days 3	IF UNDER 18 HRS. Hours	Mins.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At hoem	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Cincinnati, Ohio
12. CITIZEN OF WHAT COUNTRY?	13a. FATHER'S NAME Jessie M. Davis		13b. MOTHER'S MAIDEN NAME Lucinda Maddock	14. NAME OF HUSBAND OR WIFE Virgil E. Earp	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS V.E. Earp.....Poplar Bluff, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis (b) Auricular Fibrillation & heart block ANTECEDENT CAUSES Morbid 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.				INTERVAL BETWEEN ONSET AND DEATH Unknown
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 10-6, 1950, to 10-8, 1950, that I last saw the deceased alive on 10-8, 1950, and that death occurred at 8 P. m., from the causes and on the date stated above.					
23a. SIGNATURE J.W. Feonda, M.D.		23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED 10-13-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/11/50	24c. NAME OF CEMETERY OR CREMATORY Qulin Cem.	24d. LOCATION (City, town, or county) (State) Butler Co., Mo.		
DATE REC'D BY LOCAL REG. Oct 16 1950	REGISTRAR'S SIGNATURE Wm. H. Johnson 428	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank-Cotrell....Poplar Bluff, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

Mr. Tolson

123
0No. 300
10.48

RECEIVED

OCT 25 1950
BUTLER CO. HEALTH CENTER

FILE No. 1050-KKX

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 _____

.....
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed George A. Kerby

Licensed Embalmer No. 4752

P. O. Address Poplar Bluff

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.