

FILED DEC 12 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38058

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5702 Registrar's No. 157

|   |                               |  |  |
|---|-------------------------------|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Livingston</u>  |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u> |  |
| b. CITY OR TOWN <u>Chula-Rural-Medicine</u>   |                               | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chula-Rural-Medicine</u>                                       |  |
| c. LENGTH OF STAY (in this place) <u>Lifetime</u>   |                               | d. STREET ADDRESS (If rural, give location) <u>3 mi East Chula. 0590</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 mi East Chula.</u>   |                               |  |  |
| 3. NAME OF DECEASED<br>a. (First) <u>James</u> b. (Middle) <u>William</u> c. (Last) <u>Earl</u>   |                               |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>November 29 1951</u>                    |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>  | 8. DATE OF BIRTH <u>January 12 1872</u>  |
| 9. AGE (In years last birthday) <u>79</u>   |                               | 10. MONTHS <u>10</u>   | 11. DAYS <u>17</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>  | 11. BIRTHPLACE (State or foreign country) <u>Livingston County Missouri</u>      |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>  |                               |  |  |
| 13a. FATHER'S NAME <u>Thomas Earl</u>   |                               | 13b. MOTHER'S MAIDEN NAME <u>Rachel Kinney</u>   | 14. NAME OF HUSBAND OR WIFE <u>Coras Lee Earl</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>None</u>  | 17. INFORMANT'S SIGNATURE OR NAME <u>Harriet O. Earl</u> ADDRESS <u>Chula mo</u> |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)   |                               |  |  |
| MEDICAL CERTIFICATION   |                               |  |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral at that time</u>   |                               |  | INTERVAL BETWEEN ONSET AND DEATH   |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  |                               |  |  |
| ANTECEDENT CAUSES   |                               |  |  |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  |                               |  |  |
| DUE TO (b) <u>with metastasis to brain</u>  |                               |  |  |
| DUE TO (c) <u>and abdomen</u>   |                               |  |  |
| 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 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 <u>77 Jan, 1937</u> , to <u>20 Nov, 1951</u> , that I last saw the deceased alive on <u>20 Nov, 1951</u> , and that death occurred at <u>2:00 P.M.</u> , from the causes and on the date stated above. |                               |  |  |
| 23a. SIGNATURE <u>V. D. Vandura M.D.</u> (Degree or title)  |                               | 23b. ADDRESS <u>Chelleworth Mo</u>   |  |
|   |                               | 23c. DATE SIGNED <u>30 Nov 51</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |                               | 24b. DATE <u>12/1/1951</u>   |  |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Leopolis Cemetery</u>   |                               | 24d. LOCATION (City, town, or county) (State) <u>Whaley Missouri</u>   |  |
| DATE REC'D BY LOCAL REG. <u>Nov-30-51</u>   |                               | REGISTRAR'S SIGNATURE <u>Frances B. Neill</u> ADDRESS <u>171 E. J. Robertson Funeral Home, Laredo Mo</u>                                       |  |
|   |                               | 25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Robertson</u> ADDRESS <u>Laredo Mo</u>   |  |

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



**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

*J. M. Robertson*

Licensed Embalmer No. 4388

P. O. Address Laredo, 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.