

FILED FEB 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7064

State File No.

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 28

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

1. PLACE OF DEATH a. COUNTY VERNON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY VERNON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 402 S. Cedar	
d. FULL NAME OF HOSPITAL OR INSTITUTION ANDERSON NURSING HOME			

3. NAME OF DECEASED (Type or Print) a. (First) ATTIE EARNSTA b. (Middle) KLINE c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 2 18 1952		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Feb. 28, 1866		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days		10. USUAL OCCUPATION (Give kind of work done during 24 hours of waking life, even if retired) RR Farm	
11. BIRTHPLACE (State or foreign country) Allen Grove Miss.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE ELZA	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Marjorie Attebery 8137 S. Tucker	
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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) Arteriosclerotic heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) disease DUE TO (c) Generalized arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH 1 year 2 years	
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 4200				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Feb 15, 1951**, to **Feb 18, 1952**, that I last saw the deceased alive on **Feb 16, 1952**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Ray W. Beardsley (Degree or title) M.D.		23b. ADDRESS Nevada, Mo		23c. DATE SIGNED 2/19/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-21-1952		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo	
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DATE REC'D BY LOCAL REG. 2-19-1952		REGISTRAR'S SIGNATURE Anna G. Ferry		551		25. FUNERAL DIRECTOR'S SIGNATURE Clubbasson		ADDRESS Harwood Mo	
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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..... *W. Wagoner*

Signed.....
Student Embalmer

Licensed Embalmer No..... 2709

P. O. Address Harwood, Missouri

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.