

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9091**

FILED MAR 20 1952

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u> <u>1644</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1618 Wardlow St</u>		d. STREET ADDRESS (If rural, give location) <u>1618 Wardlow</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) _____ c. (Last) <u>Earley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3</u> <u>1</u> <u>1952</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>3-1-1879</u>		9. AGE (In years last birthday) <u>73</u>		10. <input type="checkbox"/> UNDER 1 YEAR Months _____ Days _____	
11. BIRTHPLACE (State or foreign country) <u>Louisiana</u> <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tobacco</u>	
10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Louisiana</u> <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U</u>	

13a. FATHER'S NAME <u>James Earley</u>		13b. MOTHER'S MAIDEN NAME <u>Aimee Henderson</u>		14. NAME OF HUSBAND OR WIFE <u>Betty Earley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Give no. or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Edith Johnson</u> 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>3 weeks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>pulmonary congestion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>heart failure</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>jaundice carcinoma</u>			
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 2-15-52, 1952, to 2-22-52, that I last saw the deceased alive on 3/2/52, 1952, and that death occurred at 3:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. H. Watterschick</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>508 Broadway Hannibal</u>		23c. DATE SIGNED <u>3/4/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-7-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Robinson</u>	
24d. LOCATION (City, town, or county) (State) <u>Hannibal Mo</u>					

DATE REC'D BY LOCAL REG. <u>3/6/52</u>		REGISTRAR'S SIGNATURE <u>H. E. Lucke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Roberts</u> ADDRESS <u>Hannibal Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED
MARION CO. HEALTH DEPT.
DATE FILED MAR 18 1952

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 *Geo E Roberts* _____

Licensed Embalmer No. *2113* _____

P. O. Address *Herrin, 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.