

DEED MAY 27 1952

STANDARD CERTIFICATE OF DEATH

State File No. 17549

BIRTH NO. _____		REG. DIST. NO. 291		PRIMARY REG. DIST. NO. 5991		Registrar's No. 33	
1. PLACE OF DEATH a. COUNTY PUTNAM 0860				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PUTNAM 0860			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL LIBERTY TOWNSHIP		c. LENGTH OF STAY (in this place) LIFE TIME		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL LIBERTY TOWNSHIP 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) UNIONVILLE			
3. NAME OF DECEASED (Type or Print) PERMELIA EVALINE EARHART			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) MAY 15 1952	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH NOV 23 1862		9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months 5	IF UNDER 24 HRS. Days 22 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (City and State or Foreign Country) PUTNAM COUNTY MISSOURI ()		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME JOHN W FORBES		13b. MOTHER'S MAIDEN NAME MARTHA SPEAK		14. NAME OF HUSBAND OR WIFE ALBERT EARHART			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Veva Rawlings Unionville, Mo. R.R. 6			
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.							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart disease							
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. ulcerative colitis							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4501				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to 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 April 1952, to May 15, 1952, that I last saw the deceased alive on May 15, 1952, and that death occurred at 1:15 p.m., from the causes and on the date stated above.							
23a. SIGNATURE P. D. Hart (Degree or Title) M.D.				23b. ADDRESS Coatsville, Mo.		23c. DATE SIGNED May 19 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 19 1952	24c. NAME OF CEMETERY OR CREMATORY MT. HERMAN CEMETERY		24d. LOCATION (City, town, or county) (State) PUTNAM COUNTY MISSOURI		
DATE REC'D BY LOCAL REG. 5-24-52		REGISTRAR'S SIGNATURE Maxwell D. ...		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS CONSTOCK FUNERAL HOME BY J. W. Constock UNIONVILLE, MO.			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed James W. Conatank
Licensed Embalmer No. 4197

P. O. Address Unionville, 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.