

FILED JUL 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24748

State File No. _____

Registrar's No. 279

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026

485
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Wyandotte | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | |
| c. LENGTH OF STAY (in this place) 3 hrs | | d. STREET ADDRESS (If rural, give location) 2211 Lathrop St. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Sanitarium | | | |

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| 3. NAME OF DECEASED a. (First) Jay b. (Middle) H. c. (Last) Earle | | | 4. DATE OF DEATH (Month) (Day) (Year) July 2, 1952 | | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH June 12, 1887 | 9. AGE (In years last birthday) 65 | # UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Millwright | | 10b. KIND OF BUSINESS OR INDUSTRY H. E. Surface Co. | 11. BIRTHPLACE (City and State or Foreign Country) Kansas | | 12. CITIZEN OF WHAT COUNTRY? USA |

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| 13a. FATHER'S NAME John Earle | 13b. MOTHER'S MAIDEN NAME Tamelia Nelson | 14. NAME OF HUSBAND OR WIFE Cordelia M. Earle |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. (If yes, give year or dates of service) 510 03 7428 | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Cordelia M. Earle, ADDRESS Kansas City, Ks. |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock + Hemorrhage resulting from fractured skull, compound fracture of tibia | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) thor. fracture of vertebrae, ruptured liver DUE TO (c) none | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E9023 21 | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) factory | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jackson Mo |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7-2-52 | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? Fell from roof. |

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **3:20P. m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Geo. C. Carson, Deputy Coroner | 23b. ADDRESS 4050 Broadway, Kansas | 23c. DATE SIGNED 7-2-52 |
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|--|-------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) removal | 24b. DATE 7/3/52 | 24c. NAME OF CEMETERY OR CREMATORY unknown | 24d. LOCATION (City, town, or county) (State) Kansas City, Kans. |
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| DATE REC'D BY LOCAL REG. 7-3-52 | REGISTRAR'S SIGNATURE Geo. C. Carson | 25. FUNERAL DIRECTOR'S SIGNATURE Geo. C. Carson ADDRESS Independence, Mo. |
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MAY 20 1957

MAY 21 1957

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 Harold E. Hodrel

Licensed Embalmer No. 4609

P. O. Address Indep 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.