

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35  
Registrar's No. 3028

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>			2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>		c. LENGTH OF STAY (in this place) <u>2</u> days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Sheridan 0490</u>		d. STREET ADDRESS (If rural, give location) <u>2 miles east of Jasper</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCune Brooks Hospital</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Chauncey</u> b. (Middle) <u>(B)</u> c. (Last) <u>Earl</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 22, 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married 1</u>	8. DATE OF BIRTH <u>Sept. 20, 1888</u>	9. AGE (In years last birthday) <u>64</u>	10. IF UNDER 1 YEAR Months <u>  </u> Days <u>  </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>Agriculture</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Jasper, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Harvey O. Earl</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Jane Sutton</u>		14. NAME OF HUSBAND OR WIFE <u>Ida Teeter</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>  </u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Barbara Harris, Kansas City, Mo</u>		
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) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>				INTERVAL BETWEEN ONSET AND DEATH <u>36 hours</u> <u>?</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>Feb. 21, 1953</u> , to <u>Feb. 22, 1953</u> , that I last saw the deceased alive on <u>2/22, 1953</u> , and that death occurred at <u>6:54 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Charles F. Selver M.D.</u>		(Degree or title)	23b. ADDRESS <u>201 W. 3rd, Carthage, Mo.</u>		23c. DATE SIGNED <u>2/23/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 24, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Paradise</u>		24d. LOCATION (City, town, or county) (State) <u>Jasper County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-24-53</u>	REGISTRAR'S SIGNATURE <u>L. B. Clinton M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Martin Selver</u>	ADDRESS <u>Sharp &amp; Selver, Jasper, Mo.</u>	

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

RECEIVED 3-4-53  
Jasper County Health Office

County File Number 53/3/211

Date Filed 3-4-53

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 Lawson L. Sharp

Licensed Embalmer No. 4922

P. O. Address Jasper, 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.