

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28376**

FILED AUG 17 1953

Registrar's No. **762**

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 5459		Registrar's No. 762		
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene				
b. CITY (If outside corporate limits, write RURAL and give STAY (in this place) OR TOWN Rte. 2, Willard, MO		c. LENGTH OF STAY (in this place) 15 years		c. CITY (If outside corporate limits, write RURAL and give STAY OR TOWN Rural, Center Twp Rte 2, Willard, Missouri				
d. FULL NAME OF HOSPITAL OR INSTITUTION The Family Home				d. STREET ADDRESS (If rural, give location) 0890				
3. NAME OF DECEASED (Type or Print) Elizabeth Theresa Earnest			a. (First) Elizabeth			b. (Middle) Theresa		
c. (Last) Earnest			4. DATE OF DEATH August 13, 1953			a. (Month) August		
b. (Day) 13			c. (Year) 1953			5. SEX Female		
6. COLOR OR RACE White			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			8. DATE OF BIRTH Oct. 13, 1882		
9. AGE (In years) 70			10. IF UNDER 1 YEAR (last birthday) 69			11. IF UNDER 1 YEAR (Months) 10		
12. IF UNDER 1 YEAR (Hours) _____			13. IF UNDER 1 YEAR (Mins.) _____			10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired housewife		
11b. KIND OF BUSINESS OR INDUSTRY Home			11. BIRTHPLACE (State or foreign country) Near Waco, Texas			12. CITIZEN OF WHAT COUNTRY? U.S.A		
13a. FATHER'S NAME Robert D. Lee			13b. MOTHER'S MAIDEN NAME Mary King			14. NAME OF HUSBAND OR WIFE Orville H. Earnest		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. Unknown			17. INFORMANT'S SIGNATURE OR NAME Orville H. Earnest		
(If yes, give year or date of service) No			ADDRESS Rte 2, Willard, Mo			18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis			INTERVAL BETWEEN ONSET AND DEATH			2. ANTECEDENT CAUSES Cholera		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			3. MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. Infection Fungus			4. DUE TO (b) _____		
5. DUE TO (c) _____			6. 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 1345			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)		
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 July 1, 1953 , to July 10, 1953 , that I last saw the deceased alive on July 13, 1953 , and that death occurred at 2:50 P.m. , from the causes and on the date stated above.		
23a. SIGNATURE (Degree or title) W. E. Beher M.D.			23b. ADDRESS Greenwood Hill Mo			23c. DATE SIGNED 8/14/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial			24b. DATE August 16, 1953			24c. NAME OF CEMETERY OR CREMATORY Murray Cemetery		
24d. LOCATION (City, town, or county) (State) Near Willard, Mo.			25. FUNERAL DIRECTOR'S SIGNATURE Editt Williamson			ADDRESS Greenwade-Windle, Willard, Missouri		
DATE REC'D BY LOCAL REG. 8-14-53			25. FUNERAL DIRECTOR'S SIGNATURE			ADDRESS		

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

390 / 1

NOV 15 1956

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 Carl J. Glenn

Licensed Embalmer No. 4707

P. O. Address Springfield, 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.