No. 300
10-48

Martin
1082
1

FILED JUL 27 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26020

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 131

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nevada
c. LENGTH OF STAY (in this place) 40 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 427 W. Walnut

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Vernon
c. CITY OR TOWN Nevada
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐ 1082
e. STREET ADDRESS (If rural, give location) 427 W. Walnut.

3. NAME OF DECEASED (Type or Print)
a. (First) Williams
b. (Middle) Lee
c. (Last) Earp

4. DATE OF DEATH (Month) July (Day) 15 (Year) 1954

5. SEX Mal
6. COLOR OR RACE White
7. ~~MARRIED, NEVER MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify) W
8. DATE OF BIRTH April 30-1863
9. AGE (In years last birthday) 91 — If under 1 year: Months 2, Days 15 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Montgomery Co, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jonathan N Earp
13b. MOTHER'S MAIDEN NAME Morcas Cox
14. NAME OF HUSBAND OR WIFE Isabell Earp, Dec'd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 497-14-8517
17. INFORMANT'S SIGNATURE OR NAME Walter Earp M.D.
ADDRESS Washington D.C.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis General — 14 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Emphysema — 2 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 420.1
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-9, 1953, *to* 7-15, 1954, *that I last saw the deceased alive on* 6-18, 1954, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE F. L. Martin (Degree or title) MD
23b. ADDRESS Nevada
23c. DATE SIGNED 7-18-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 17-1954
24c. NAME OF CEMETERY OR CREMATORY Newton Cemetery
24d. LOCATION (City, town, or county) Nevada (State) Mo.

DATE REC'D BY LOCAL REG. 7-21-54
REGISTRAR'S SIGNATURE Omar E. Ferrell
25. FUNERAL DIRECTOR'S SIGNATURE Allen V. Hoyo
ADDRESS Nevada Mo

(Licensed Embalmer's Statement on Reverse Side)

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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed H. H. Warmaduke

Licensed Embalmer No. 207

P. O. Address Nevada

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.