

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED NOV 9 - 1954

BIRTH NO. .... REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6164 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Stone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>	
b. CITY OR TOWN <u>Rural Brent</u>		c. CITY OR TOWN <u>Rural Brent</u> 1040	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>R#1 Marionville mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>James</u>	b. (Middle) <u>Henry</u>	c. (Last) <u>Earnhart</u>	(Month) <u>Oct</u>	(Day) <u>21</u>	(Year) <u>1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Dec 13 - 1882</u>		9. AGE (In years last birthday) <u>71</u> <u>10</u> <u>8</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		11. BIRTHPLACE (City and State or Foreign Country) <u>Tenn</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>George Earnhart</u>		13b. MOTHER'S MAIDEN NAME <u>Matt Head</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Madison Gold</u> ADDRESS <u>Crane mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis, arteriosclerotic</u>			<u>3 yrs.</u>	
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				
		DUE TO (b) <u>Hypertension</u>				
		DUE TO (c)				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive Crinivascular disease?</u>				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>		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		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 June, 1853, to Oct. 21, 1954, that I last saw the deceased alive on Oct. 20, 1954, and that death occurred at 12:40 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Madison Gold</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Crane, Mo.</u>		23c. DATE SIGNED <u>10-23-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/24/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wise Hill</u>	
				24d. LOCATION (City, town, or county) (State) <u>Christian Co. Missouri</u>	
DATE REC'D BY LOCAL REG. <u>at. 23-54</u>		REGISTRAR'S SIGNATURE <u>317-0</u> <u>Max J. Elmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>George H. Manlove Crane mo</u>	

per Lena Murray (Licensed Embalmer's Statement of 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 embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*George H. Manlove*

Licensed Embalmer No. 3827

P. O. Address Essex 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.