

FILED SEP 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27264

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5993 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Iowa b. COUNTY	
b. CITY OR TOWN Newton Medicine	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Baxter	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		f. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) DEBORAH b. (Middle) c. (Last) EARLES			4. DATE OF DEATH (Month) (Day) (Year) 8-28-55			
5. SEX fe	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 4, 1936	9. AGE (In years last birthday) 3	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Harris Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Willard Earle	13b. MOTHER'S MAIDEN NAME Baselah Shppard	14. NAME OF HUSBAND OR WIFE
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.	17. INFORMANT'S SIGNATURE OR NAME Mrs Willard Earles
		ADDRESS Baxter Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 30 min
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Traumatic shock		II. OTHER SIGNIFICANT CONDITIONS		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE auto	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, office bldg., etc.) State highway	21c. (CITY, TOWN, OR TOWNSHIP) D.S. (COUNTY) (ST. RTE.) Newton Putnam Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8-28-55 9:30 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? auto accident

22. I hereby certify that I attended the deceased from 8/28, 1955, to 8/28, 1955, that I last saw the deceased alive on 8/28, 1955, and that death occurred at 10:43 a.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) M.D.	23b. ADDRESS Harris, Mo	23c. DATE SIGNED 8/29/55
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24a. BURIAL, CREMATION, REMOVAL Burial	24b. DATE 8-30-55	24c. NAME OF CEMETERY OR CREMATORY Harris Cem.	24d. LOCATION (City, town, or county) (State) Harris Mo
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DATE REC'D BY LOCAL REG. 9-12-55	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Judd & Payne	ADDRESS Newton Mo
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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.....
Signature of Student Embalmer

Signed *T. Howard Guild*.....

Licensed Embalmer No. *324*

P. O. Address *Hunt Town*

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

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