

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13100

State File No.

FILED MAY 7 1958

BIRTH NO. _____		REG. DIST. NO. <u>144</u>		PRIMARY REG. DIST. NO. <u>5562</u>		Registrar's No. <u>39</u>			
1. PLACE OF DEATH a. COUNTY <u>Iron</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>					
b. CITY OR TOWN <u>Rural-Arcadia</u> <small>(If outside corporate limits, write RURAL and give town)</small>		c. LENGTH OF STAY (In this place) <u>14 mos.</u>		c. CITY OR TOWN <u>Rural-Arcadia</u> <small>(If outside corporate limits, write RURAL and give township)</small>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>The Home for Aged Baptists</u>				d. STREET ADDRESS (If rural, give location) <u>1 1/2 mi. East on Highway 70</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>Earles</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 28, 1956</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 15, 1869</u>			
9. AGE (In years last birthday) <u>86</u>		10. MONTHS <u>5</u>		11. DAYS <u>13</u>		12. IF UNDER 14 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>House wife</u>		11. BIRTHPLACE (State or foreign country) <u>Cape G. County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		
13a. FATHER'S NAME <u>Robert Giboney</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Hitt</u>		14. NAME OF HUSBAND OR WIFE <u>Benjamin Franklin Earles</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John H. Burney, Ironton, 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>Carcinoma of Stomach</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
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) <u>151X</u>					
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>Jan</u> , 1956, to <u>April 28, 1956</u> , that I last saw the deceased alive on <u>Jan 27, 1956</u> and that death occurred at <u>1:30 Pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>J.H. Nease, M.D.</u>				23b. ADDRESS <u>Ironton, Mo.</u>		23c. DATE SIGNED <u>4-28-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-29-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Old MORLEY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>MORLEY, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>4-30-56</u>		REGISTRAR'S SIGNATURE <u>Mrs. Aris Jones</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BISPLINGHOFF FUNERAL HOME-CHAFFEE, Mo.</u>				

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.....

Jack J. Summitt

Licensed Embalmer No.

4473

P. O. Address

Chaffee, 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.