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Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED FEB 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 2677 556

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital Length of stay in 1b
32

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Franklin
c. CITY OR TOWN Sullivan 0360 Inside Limits Yes ☐ No X
d. STREET ADDRESS (If outside, give location) ---- Reside on Farm Yes ☐ No ☐
31

3. NAME OF DECEASED (Type or print) First Millard Middle F. Last Earney
4. DATE OF DEATH Month Jan. Day 18 Year 1957
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐
8. DATE OF BIRTH Sept. 17, 1876
9. AGE (In years last birthday) 80
IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Mining Engineer
10b. KIND OF BUSINESS OR INDUSTRY Iron Ore
11. BIRTHPLACE (City and state or country) Steelville, Missouri.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Lacy Earney
14. MOTHER'S MAIDEN NAME Emma Moutary
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) Nil.
16. SOCIAL SECURITY NO. 486-18-0939
17. INFORMANT Address Edward Earney, Sullivan, Missouri.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 12-5-56
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Diabetes Mellitus — 12-5-56
DUE TO (c) 260X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec. 5, 1956, to Jan 18, 1957 and last saw ~~her~~ him alive on Jan 18, 1957
Death occurred at 10 40 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Chas Becke (Degree or title) M.D. 0
22b. ADDRESS 3720 Washington
22c. DATE SIGNED 1-18-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 1-21-57
23c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery
23d. LOCATION (City, town, or county) St. Louis County, (State) Missouri.

24. FUNERAL DIRECTOR Albert H. Hoppe ADDRESS 4700 Washington,
25. DATE RECD. BY LOCAL REG. JAN 18 '57
26. REGISTRAR'S SIGNATURE J. Earl Smith M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed ... G W Wilkinso

Licensed Embalmer No. 35

P. O. Address M. La

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.