

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039925

STATE FILE NUMBER

FILED DEC 11 1958

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5479

300
1-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6334 MONTBALL AVE		d. STREET ADDRESS (If outside, give location) 6334 MONTBALL AVE.	
3. NAME OF DECEASED (Type or print) First JAMES Middle WILLIAM Last EARP		4. DATE OF DEATH Month Nov. Day 18 Year 1958	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JUNE-15-1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED-2 YRS. CONDUCTOR		10b. KIND OF BUSINESS OR INDUSTRY ROCK ISLAND RAILROAD	9. AGE (In years last birthday) 70
11. BIRTHPLACE (City and state or country) CLARENCE, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME WILLIAM S. EARP		13b. MOTHER'S MAIDEN NAME CATHERINE CLEARY	
14. NAME OF HUSBAND OR WIFE MARIE R. EARP		Address 6334 MONTBALL AVE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year, or unknown) (If yes, give year or dates of service) YES W.W. #1		16. SOCIAL SECURITY NO. 208-14-2661	
17. INFORMANT MRS. MARIE R. EARP-KANSAS CITY, MO.		Address 6334 MONTBALL AVE	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized carcinoma Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Irreparable concrees of Right lung DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		11032	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
20e. CITY, TOWN, OR LOCATION _____		20f. COUNTY STATE _____	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. CITY, TOWN, OR LOCATION	
21. I attended the deceased from Feb 1958 to 11/18/58 and last saw him alive on 11/18/58 Death occurred at 4:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.		21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE J. A. Borenko (Degree or title)		22b. ADDRESS M.D. 1207 Rialto Bldg, KC Mo	
22c. DATE SIGNED 11/19/58		22d. ADDRESS M.D. 1207 Rialto Bldg, KC Mo	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE NOV-20-58	
23c. NAME OF CEMETERY OR CREMATORY MOUNT OLIVET		23d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS-KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 11-20-58	
26. REGISTRAR'S SIGNATURE Neva Marshall		26. REGISTRAR'S SIGNATURE Neva Marshall	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

T. S. S. Bourke

Secretary, coroner, next-of-kin, or other person who is not a medical professional, shall not be permitted to sign this certificate. All diseases in Part I must be causally related.

Newcomer
Dm Corp 700

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 Vern Lawler

Licensed Embalmer No. 4915
P. O. Address K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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