

FRL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-016369

FILED VS MAY 11 1960

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 91

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Shelby</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jolla</u>		Length of stay in lb <u>1 1/2</u>	c. CITY OR TOWN <u>Cuba</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Shelby County Hosp</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>P.P. # 1</u>

3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Eli</u> Last <u>Earl</u>			4. DATE OF DEATH Month <u>5</u> Day <u>5</u> Year <u>1960</u>			
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>1-8-83</u>	9. AGE (last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>7</u>	IF UNDER 24 HR Hours <u>77</u> Min. <u>77</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, give if retired) <u>Decorator (Retired)</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Fitch Hill, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JAMES A. EARL</u>	13b. MOTHER'S MAIDEN NAME <u>Maggie Price</u>	14. NAME OF HUSBAND OR WIFE <u>Robbie (Deceased)</u>
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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>494-07-3959a</u>	17. INFORMANT <u>Nell Earl</u> 1943a <u>1949</u> <u>St. Louis, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary pneumonia and gastroenteritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chronic Nephritis and arteriosclerosis</u>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour <u>5</u> a.m. <u>5</u> p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Cuba, Mo.</u>	COUNTY	STATE
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21. I attended the deceased from <u>Sept 1959</u> to <u>5-5-60</u> and last saw her/him alive on <u>5-5-60</u> Death occurred at <u>5 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Frank A. Elders M.D.</u> (Degree or title)	22b. ADDRESS <u>Cuba, Mo.</u>	22c. DATE SIGNED <u>5-5-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-5-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Kinder Cemetery</u>	23d. LOCATION (City, town, or county) <u>Cuba, Mo.</u>
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24. FUNERAL DIRECTOR <u>Frank C. Franklin</u>	ADDRESS <u>Cuba, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>May 5, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Nadene L. Stoll</u>
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DOCUMENT

MEDICAL CERTIFICATION

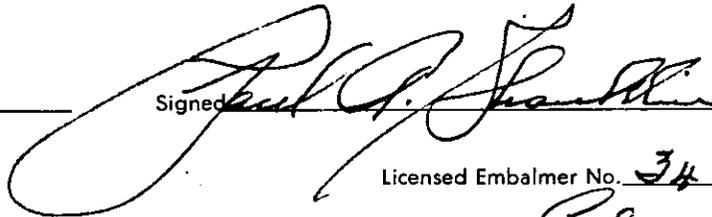
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No. 3472

P. O. Address Cuba, Mo.

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