URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ILED VS AUG 25 1960 276

Registration District No. 276 Primary Registration District No. 4410 Registrar's No. 41

=60-031594
STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY: Phelps
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. James
Length of stay in 1b: 75 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: AT home
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO. b. COUNTY: Phelps
c. CITY OR TOWN: ST. James
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): ←
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Wm Middle: T. Last: Earp
4. DATE OF DEATH: Month: Aug. Day: 9. Year: 1960

5. SEX: male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: 4-15-1873
9. AGE (last birthday): 87
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired merchant
10b. KIND OF BUSINESS OR INDUSTRY: ←
11. BIRTHPLACE (City and state or country): Phelps Co, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A

13a. FATHER'S NAME: John Earp
13b. MOTHER'S MAIDEN NAME: Lydia Jackson
14. NAME OF HUSBAND OR WIFE: Eva Earp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no. (If yes, give war or dates of service): ←
16. SOCIAL SECURITY NO.: ←
17. INFORMANT (daughter) Address: Mary Evans - St. James, Mo.

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): Diabetic Como — INTERVAL BETWEEN ONSET AND DEATH: 8-7-60 AM
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
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 8-7-60 to 8-9-60 and last saw her/him alive on 8-9-60
Death occurred at 5:50 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: R. P. Bulick D.O. (Degree or title)
22b. ADDRESS: 110 N. Jefferson St. James, Missouri
22c. DATE SIGNED: 8-11-60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-12-60
23c. NAME OF CEMETERY OR CREMATORY: Masonic Cem.
23d. LOCATION (City, town, or county) (State): St. James, Mo.

24. FUNERAL DIRECTOR: Oral E. Lubbide ADDRESS: St James, Mo.
25. DATE RECD. BY LOCAL REG.: 8-11-60
26. REGISTRAR'S SIGNATURE: Ruth B. Powell

(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 embalmed by

or by _____ Me _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Orel E Licklie

Signature of Student Embalmer

Licensed Embalmer No. 354

P. O. Address St James

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