RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 24 1960 042 Registration District No. 1000 Primary Registration District No. 1088 Registrar's No.

-60-037512 STATE FILE NUMBER

DED

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Length of stay in 1b: 30 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #2 — Inside Limits Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print) First GEORGE Middle Last EARLEY
4. DATE OF DEATH Month October Day 17 Year 1960
5. SEX male
6. COLOR OR RACE white
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Sept. 12, 1872
9. AGE (last birthday) 88 — 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) farmer
10b. KIND OF BUSINESS OR INDUSTRY farm
11. BIRTHPLACE (City and state or country) Illinois
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME William Earley
13b. MOTHER'S MAIDEN NAME Sarah Whitehouse
14. NAME OF HUSBAND OR WIFE Zella Earley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. unknown
17. INFORMANT Address Hospital records, St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart desease
DUE TO (c) Diabetes mellitus
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Blind
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 10-16-1960, to 10-17-1960 and last saw her/him alive on 10-16-1960
Death occurred at 5:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Mohammed Tahir M.D.
22b. ADDRESS State Hospital #2, St. Joseph
22c. DATE SIGNED 10-17-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-19-60
23c. NAME OF CEMETERY OR CREMATORY Andover Cemetery
23d. LOCATION (City, town, or county) Harrison Co. (State) Mo.

24. FUNERAL DIRECTOR Noble Funeral Home ADDRESS New Hampton, Mo.
25. DATE RECD. BY LOCAL REG. Oct. 17, 1960
26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF M. Tahir M.D. MEDICAL CERTIFICATION

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_____ Signed William George Noble
Signature of Student Embalmer

Licensed Embalmer No. 4987

P. O. Address Bethany,

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