

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-029235

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 10.02 Registrar's No. 3699

AMENDED

FILED AUG 16 1961

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in lb <u>8 years</u>	c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5331 Highland</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>4308 Highland</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Theodore</u> Middle <u>Earhart</u> Last <u>Earhart</u>			4. DATE OF DEATH Month <u>July</u> Day <u>23</u> Year <u>1961</u>	
---	--	--	---	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-31-1880</u>	9. AGE (last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>
--------------------	-------------------------------	--	-----------------------------------	----------------------------------	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired Butcher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Meat</u>	11. BIRTHPLACE (City and state or country) <u>Troy, Kansas</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
--	---	--	---

13a. FATHER'S NAME <u>James Earhart</u>	13b. MOTHER'S MAIDEN NAME <u>Bessie Charles</u>	14. NAME OF HUSBAND OR WIFE <u>Clara Earhart</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	17. INFORMANT <u>V. Earhart, 4308 Highland, K.C. Mo.</u>
--	--

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>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs</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>Atherosclerosis</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
--	--	--

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.)
--	---	--

20c. TIME OF INJURY Hour <u>2:15</u> a.m. <u>15</u> p.m. Month, Day, Year <u>5-17-61</u>
--

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 COUNTY STATE
---	--	---

21. I attended the deceased from <u>5-17-61</u> to <u>7-23-61</u> and last saw her/him alive on <u>7-23-61</u> Death occurred at <u>2:15 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		
---	--	--

22a. SIGNATURE (Degree or title) <u>A. Fogarty D.O.</u>	22b. ADDRESS <u>WIRTHMAN BLD 31ST TROST R.C. Mo</u>	22c. DATE SIGNED <u>7-24-61</u>
---	---	---------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>July 24, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Worthena, Kansas</u>	23d. LOCATION (City, town, or county) (State)
--	--------------------------------	--	---

24. FUNERAL DIRECTOR <u>Harmon Mortuary, Worthena, Kansas</u>	25. DATE RECD. BY LOCAL REG. <u>7-25-61</u>	26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>
---	---	--

(Licensed Embalmer's Statement on Reverse Side)

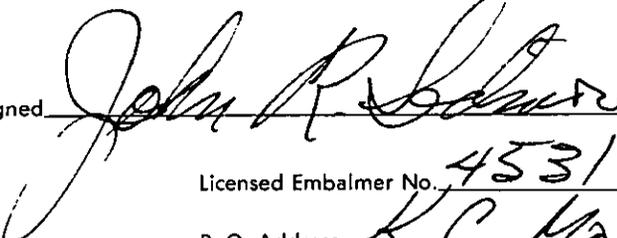
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 A. FOGARTY
 SHOULD READ
 ITEM NO.

4644
10801

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  _____
Licensed Embalmer No. 4531
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. .