

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014570

STATE FILE NUMBER

FILED APR 30 1962 71

Primary Registration District No. 3012 Registrar's No. 47

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

16001
26004

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Excelsior Springs		Length of stay in 1b 6 weeks	c. CITY OR TOWN Kansas City 19 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Spa-View Health Haven		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5300 North Agnes Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED First Elmer Middle J. Last Earley			4. DATE OF DEATH Month April Day 18 Year 1962
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 4/10/1902
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shop Superintendent, Midwest Precoat Co.		10b. KIND OF BUSINESS OR INDUSTRY Midwest Precoat Co.	11. BIRTHPLACE (City and state or country) Fleming, Missouri
13a. FATHER'S NAME Robert J. Earley		13b. MOTHER'S MAIDEN NAME Mary Frances Vanderpool	12. CITIZEN OF WHAT COUNTRY U.S.A.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. No.	14. NAME OF HUSBAND OR WIFE Helen Mae Earley
18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of spine with metastasis to lungs DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH sev. month
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. <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 _____ Month, Day, Year: _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 3/4/62 to 4/18/62 and last saw her/him alive on 4/18/62 . Death occurred at 4: A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J.R.M. Craden, M.D.</i> (Degree or title)		22b. ADDRESS M. D., Excelsior Springs, Mo.	22c. DATE SIGNED 4/21/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/20/1962	23c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery	23d. LOCATION (City, town, or county) (State) Excelsior Springs, MO.
24. FUNERAL DIRECTOR, ADDRESS Chas. Virgil Hope, Ex. Spgs. Mo.		25. DATE RECD. BY LOCAL REG. 4/21/62	26. REGISTRAR'S SIGNATURE <i>Caroline Hutchings</i>

MAY 25 1962

FEB 20 1963

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 Chas. Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs, 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.