

FILED MAY 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15622

State File No.

BIRTH NO. REG. DIST. NO. 852 PRIMARY REG. DIST. NO. 6186 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY TANEY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY TANEY	
b. CITY (If outside corporate limits, write RURAL and give town) TANEYVILLE RURAL		c. CITY (If outside corporate limits, write RURAL and give township) RURAL TANEYVILLE	
c. LENGTH OF STAY (in this place) 10 yrs		d. STREET ADDRESS (If rural, give location) RURAL 1060	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) FLOYD c. (Last) EARHART			4. DATE OF DEATH (Month) (Day) (Year) APRIL 22, 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH JUNE 17, 1887		9. AGE (In years last birthday) 62 if UNDER 1 YEAR: Months 10 Days 5 Hours 5 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Refrigeration Man		10b. KIND OF BUSINESS OR INDUSTRY Refrigeration		11. BIRTHPLACE (State or foreign country) MO		12. CITIZEN OF WHAT COUNTRY? U.S.A	
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13. FATHER'S NAME George Wilson Earhart		10b. MOTHER'S MAIDEN NAME Nancy P. Bone		14. NAME OF HUSBAND OR WIFE Clea A. Earhart			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clea A. Earhart Taneyville, Mo			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignancy (Intestinal)		ANTECEDENT CAUSES		DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
				DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Ascites (Abdominal)		153X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN OR TOWNSHIP (COUNTY) (STATE) Rural Taneyville; Taney, Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **May 19 1949** to **Apr 22, 1950**, that I last saw the deceased alive on **Apr 20, 1950**, and that death occurred at **his home**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. O. Forney, M.D.		23b. ADDRESS no		23c. DATE SIGNED 4/22/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-23-50		24c. NAME OF CEMETERY OR CREMATORY California no. cemetery		24d. LOCATION (City, town, or county) (State) California Mo	
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DATE REC'D BY LOCAL REG. Apr 24 - 1950		REGISTRAR'S SIGNATURE S. E. Cogswell		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Forney Funeral Home, Taneyville, Mo	
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD—1060

RECEIVED MAY 1 1950

District Health Office No. 6,

District File Number 550-515

Date Filed 5-1-50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Walter S. Cobb

Signed
Student Embalmer

Licensed Embalmer No. 4731

P. O. Address _____

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 this body is not embalmed, fact should be so stated above.