

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33959

4452

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. LENGTH OF STAY (in this place) LIFETIME		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY 102			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3929 MICHIGAN AVENUE				d. STREET ADDRESS (If rural, give location) 3929 MICHIGAN AVENUE			
3. NAME OF DECEASED (Type or Print) a. (First) ED		b. (Middle) C		c. (Last) OREAR		4. DATE OF DEATH (Month) (Day) (Year) OCT. 15 1949	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH FEB. 14, 1866	
9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED 4 YRS PAINTER + DECORATOR		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MT STERLING, KY	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME COLUMBUS OREAR		13b. MOTHER'S MAIDEN NAME LEAH SHUBERT		14. NAME OF HUSBAND OR WIFE LUCY OREAR	
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. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. Lucy OREAR 3929 MICHIGAN			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial insufficiency				INTERVAL BETWEEN ONSET AND DEATH 6 months	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary heart disease				3 yrs	
		DUE TO (c) Generalized arteriosclerosis				10 yrs.	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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)	
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 Nov. 9, 1948, to Oct 15, 1949, that I last saw the deceased alive on Sept 27, 1949, and that death occurred at 2:30 P.M., from the causes and on the date stated above.							
23a. SIGNATURE Herbert Shuey (Degree or title)				23b. ADDRESS 3903 Brooklyn K.S. 26		23c. DATE SIGNED 10-17-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE OCT. 18, 1949		24c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEM		24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO	
DATE REC'D BY LOCAL REG. 10-18-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. Neukomer's Sons 1331 Brush Creek Kansas City, Mo.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 19 1932

34 26 9 1932

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 .....  
Student Embalmer

Signed *Edward L. Moran* .....

Licensed Embalmer No. *4250* .....

P. O. Address *M. 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 this body is not embalmed, fact should be so stated above.