

FILED MAR 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8995
1142

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1142

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| 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) OR TOWN KANSAS CITY | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 352 | |
| c. LENGTH OF STAY (in this place) 15 years | | d. STREET ADDRESS (If rural, give location) 1107 LINWOOD BLVD | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) VIOLET b. (Middle) G. c. (Last) SHEAR | | | 4. DATE OF DEATH (Month) (Day) (Year) MARCH-10-1950 | | |
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| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | 8. DATE OF BIRTH MAR 22-1899 | 9. AGE (In years last birthday) 50 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | IF UNDER 15 MIN. Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE | | 10b. KIND OF BUSINESS OR INDUSTRY AT HOME | | 11. BIRTHPLACE (State or foreign country) OHIO | | 12. CITIZEN OF WHAT COUNTRY? U.S.A | |

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|---|--|---|--|--|--|
| 13a. FATHER'S NAME GALLAGHER FARREL SHEAR | | 13b. MOTHER'S MAIDEN NAME GERTRUDE BEST | | 14. NAME OF HUSBAND OR WIFE ARTHUR SHEAR | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) NONE | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Frieda Hetzel | | ADDRESS ST. Louis, 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, asphyxia, 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) Labor Pneumonia | | | |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus | | | 4/10 X | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION Treated Germany - Post Refused | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural | 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 19____, to 19____, that I last saw the deceased alive on 19____, and that death occurred at 3:00 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE Hugh B. Owens (Degree or title) 30th District Coroner | 23b. ADDRESS 1034 Quatro Bldg | 23c. DATE SIGNED 3-11-50 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | 24b. DATE MAR 12, 1950 | 24c. NAME OF CEMETERY OR CREMATORY ST. LOUIS, MO. |
| 24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO. | | |

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| DATE REC'D BY LOCAL REG. 3-11-50 | REGISTRAR'S SIGNATURE Geraldine Holmes | 25. FUNERAL DIRECTOR'S SIGNATURE H. H. Newcomer's Sons | ADDRESS KC, MO |
|----------------------------------|--|--|----------------|

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 25 1950

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.....
Student Embalmer

Signed *R. D. Nofsinger*

Licensed Embalmer No. *3958*

P. O. Address *Kansas City 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.