

FILED MAY 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13327
1893

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

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, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>2 1/2 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1307 Ewing</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1307 Ewing</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>	b. (Middle) <u>T</u>	c. (Last) <u>Wear</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4/23/50</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>5/17/1892</u>
9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months <u>11</u> Days _____	IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sta. Engineer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Walker, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>John W. Wear</u>	13b. MOTHER'S MAIDEN NAME <u>Sally Downing</u>	14. NAME OF HUSBAND OR WIFE <u>Alma G. Wear</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>487-09-6506</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Alma G. Wear, 1307 Ewing</u>	
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.	19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Prostate</u> ANTECEDENT CAUSES Morbid 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. 19b. MAJOR FINDINGS OF OPERATION, <u>Carcinoma of Prostate</u>		INTERVAL BETWEEN ONSET AND DEATH <u>over 1 year</u> <u>1971</u>
19a. DATE OF OPERATION <u>11-4-49</u>	19c. DATE OF OPERATION _____		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) _____	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 <u>10-28, 1949</u> , to <u>4-23, 1950</u> , that I last saw the deceased alive on <u>4-23, 1950</u> and that death occurred at <u>10:40 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Jesse D. Bising, M.D.</u>	23b. ADDRESS <u>Kansas City, Mo.</u>	23c. DATE SIGNED <u>Apr 24, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/25/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>
DATE REC'D BY LOCAL REG. <u>4-24-50</u>	REGISTRAR'S SIGNATURE <u>Thelma Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John P. Shell, K. C. MO.</u>	

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

3008
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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.....

RICHARD E CARROLL

Student Embalmer No. *368*

working under my personal supervision.

Student *Richard E Carroll*
Student Embalmer

Signed *John P. Shul*

Licensed Embalmer No. *3625*

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