

FILED AUG 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26626

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 753	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>12 hrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rich Hill</u>		8070	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VA Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Earl</u> b. (Middle) <u>H.</u> c. (Last) <u>Shearer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 23 1950</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>	8. DATE OF BIRTH <u>9-10-1900</u>		9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Show Business</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>LaPlata, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Shearer</u>		13b. MOTHER'S MAIDEN NAME <u>Florence Wandell</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>Yes WWI</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>VA Hospital Records, Springfield Mo</u> ADDRESS _____			
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) <u>Chronic pachymeningitis with marked edema of pachymeninges.</u>	ANTECEDENT CAUSES						DUE TO (b) _____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) _____						3 Sept 3 A
II. OTHER SIGNIFICANT CONDITIONS <u>Pulmonary tuberculosis, chronic, bilateral</u> <u>Collateralive pleuritis, tuberculous, left.</u> <u>Cor pulmonale, Interstitial myocarditis.</u>	Conditions contributing to the death but not related to the disease or condition causing death						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>VA</u> m.		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>Aug 22</u> , 19 <u>50</u> , to <u>Aug 23</u> , 19 <u>50</u> , that I was with the deceased throughout the period and that death occurred at <u>10:00 a.m.</u> , from the causes and on the date stated above.							
23. SIGNATURE <u>P.L. EISELE, MD, Professional Serv.</u> (Degree or title)				23b. ADDRESS <u>VA Hospital Springfield, Missouri</u>		23c. DATE SIGNED <u>8-23-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>August 28, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>8-25-50</u>		REGISTRAR'S SIGNATURE <u>W.E. Handley, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Schreyer, Springfield, Mo</u>		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 20 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 Bernard F. Wright

Signed.....
Student Embalmer

Licensed Embalmer No. 4293

P. O. Address Springfield,

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING** (Failure to comply the above constitutes grounds for revocation of license.)

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