

FILED AUG 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26446

State File No.

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 219

1. PLACE OF DEATH a. COUNTY <u>Cole</u> <u>0269</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u> <u>0269</u>	
c. LENGTH OF STAY (in this place) <u>25 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>616 R. Broadway</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Arma Jane</u>	b. (Middle) <u>Bair</u>	c. (Last) <u>Bear</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 22, 1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 4, 1894</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>18</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own</u>	11. BIRTHPLACE (State or foreign country) <u>Callaway Co. Missouri</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Ben. L. Drinkard</u>	13b. MOTHER'S MAIDEN NAME <u>Elsie Ann Carr</u>	14. NAME OF HUSBAND OR WIFE <u>Walter R. Bear</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>no</u>	16. SOCIAL SECURITY NO. <u>490-09-6789</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lead Sapp Centertown, Mo.</u>	ADDRESS
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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) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) <u></u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary Edema</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from July 10, 1951 to Aug 22, 1951, that I last saw the deceased alive on Aug 21, 1951 and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J.G. Bruce M.D.</u>	(Degree or title)	23b. ADDRESS <u>Jefferson City Mo 64508-22-58</u>	23c. DATE SIGNED <u>Aug 22 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Aug 24 1951</u>	24c. NAME OF CEMETERY OR CREMATOR <u>Stocks Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Holt Summit, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Aug 22-1951</u>	REGISTRAR'S SIGNATURE <u>R.P. Dorris M.D. - MR</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Buescher</u>	ADDRESS <u>Jefferson City Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 8-23-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 8-23-51

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 Victor Buesche

Licensed Embalmer No. 3701

P. O. Address Jefferson 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.