V.S. No. 300
Rev. 10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 107

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 5069 Registrar's No. 4

3060

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

1. PLACE OF DEATH
a. COUNTY: Barton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Lamar Twp.
c. LENGTH OF STAY (in this place): 40 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Barton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Lamar Twp. 0060
d. STREET ADDRESS (If rural, give location): Route 4

3. NAME OF DECEASED (Type or Print)
a. (First): Willis
b. (Middle): R.
c. (Last): Dearing

4. DATE OF DEATH (Month) (Day) (Year): Jan. 15, 1952

5. SEX: FMale 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 19, 1891
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Electric App.
11. BIRTHPLACE (State or foreign country): Willow Springs, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: George Dearing
13b. MOTHER'S MAIDEN NAME: Ruth Isenhower
14. NAME OF HUSBAND OR WIFE: Sada Dearing

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Sada Dearing, Lamar, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Rt. heart failure — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.
DUE TO (b): Bronchial asthma — years

DUE TO (c):

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: 241X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1951, *to* Jan., 1952, *that I last saw the deceased alive on* Jan 14, 1952, *and that death occurred at* 12:50 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. R. Cain, D.D.
23b. ADDRESS: Lamar, Mo.
23c. DATE SIGNED: 1/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/16/1952
24c. NAME OF CEMETERY OR CREMATORY: St. James Cemetery
24d. LOCATION (City, town, or county) (State): Milford, Missouri

DATE REC'D BY LOCAL REG.: JAN 25 1952
REGISTRAR'S SIGNATURE: Marie Konauts 14
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Chiles Funeral Home, Lamar, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Carr

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 Clarence W Chiles

Licensed Embalmer No. 3473

P. O. Address Tonna Me

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.