

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12738

State File No.

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 5532 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Holt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maitland - rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maitland - rural</u> <u>0440</u>	
c. LENGTH OF STAY (In this place) <u>10 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>5 miles southwest</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 miles southwest</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>LIMAN</u>	b. (Middle) <u>LE ROY</u>	c. (Last) <u>BEARS</u>	(Month) <u>4</u>	(Day) <u>13</u>	(Year) <u>52</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8/27/86</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Mt. Moriah, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>William Bears</u>	13b. MOTHER'S MAIDEN NAME <u>Anginetta Finney</u>	14. NAME OF HUSBAND OR WIFE <u>Clara Hamilton Bears</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Roy Bears, Maitland Mo.</u> ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</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.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS 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? <u>4201</u>

22. I hereby certify that I attended the deceased from April 12, 1952, to April 13, 1952, that I last saw the deceased alive on April 11, 1952, and that death occurred at 7:00 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>D. B. Perry</u> (Degree or title) <u>M. D.</u>	23b. ADDRESS <u>Mound City, Mo.</u>	23c. DATE SIGNED <u>4-15-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>4/15/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clearmont</u>	24d. LOCATION (City, town, or county) (State) <u>Clearmont, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>4-16-1952</u>	REGISTRAR'S SIGNATURE <u>James H. Crawford</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Price Funeral Home, Maryville, Mo.</u> ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

FILED APR 21 1952

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.....

Licensed Embalmer No.....

P. O. Address.....

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.