

FILED OCT 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37454

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6244 Registrar's No. 56

1100

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

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Union Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>rural Union Twp.</u>	
c. LENGTH OF STAY (in this place) <u>72 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>near Cadet, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Cadet, Mo</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elisha</u> b. (Middle) <u>Hardy</u> c. (Last) <u>Dearing</u>			4. DATE OF DEATH (Month) <u>Oct.</u> (Day) <u>9,</u> (Year) <u>1952</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>May 3, 1880</u>	9. AGE (in years: less birthday) <u>72</u>	10. MONTHS <u>5</u>	11. DAYS <u>6</u>	12. HOURS <u></u>	13. MINUTES <u></u>
-----------------------	----------------------------------	--	--	---	------------------------	----------------------	----------------------	------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Fretile, Mo. U</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	---	---	--

13a. FATHER'S NAME <u>George Dearing</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Politt</u>	14. NAME OF HUSBAND OR WIFE <u>Elizabeth Dearing</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. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Walter Dearing</u>	18. ADDRESS <u>Cadet, Mo. Rt 1</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, 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>myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</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.			

19a. DATE OF OPERATION <u></u>	19b. MAJOR FINDINGS OF OPERATION <u></u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
-----------------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Washington Mo. Washington Mo.</u>
---	---	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u></u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u></u>
--	--	---------------------------------------

22. I hereby certify that I attended the deceased from 9/1, 1951, to 10/9, 1952 that I last saw the deceased alive on 10/7, 1952 and that death occurred at 7 1/2 m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. H. Russell</u>	(Degree or title) <u></u>	23b. ADDRESS <u>Potosi Mo.</u>	23c. DATE SIGNED <u>10/10/52</u>
--	------------------------------	-----------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Oct. 11, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Joachims</u>	24d. LOCATION (City, town, or county) (State) <u>Old Mines, Mo.</u>
--	-----------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>10/10/52</u>	REGISTRAR'S SIGNATURE <u>H. H. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith-Higginbotham</u>	ADDRESS <u>FH Potosi, Mo.</u>
---	---	---	----------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

Howard Higginbotham

Licensed Embalmer No. 4578

P. O. Address Potosi, 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.