

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38998**  
**4896**

FILED NOV 22 1952  
BIRTH NO. **77042** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>10 min</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Marie's Hospital</b>		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mark</b> b. (Middle) <b>Edward</b> c. (Last) <b>Wears</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>11-7-52</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>11-7-52</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>10</b> F UNDER 1 YEAR <input type="checkbox"/> MONTHS F UNDER 1 YEAR <input type="checkbox"/> DAYS F UNDER 1 HRS. <input type="checkbox"/> MIN.
11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Missouri</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>John Edward Wears</b>		13b. MOTHER'S MAIDEN NAME <b>Shirley Yvonne Gooding</b>	
14. NAME OF HUSBAND OR WIFE <b>XX</b>		17. INFORMANT'S SIGNATURE OR NAME <b>John Edward Wears</b> ADDRESS <b>3609 Virginia</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Premature delivery - 20 weeks</b>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		DUE TO (b) <b>gestation</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>		DUE TO (c)	
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. HOW DID INJURY OCCUR?	
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?	
22. I hereby certify that I attended the deceased from <b>11-7-1952</b> to <b>11-7-1952</b> , that I last saw the deceased alive on <b>11-7-1952</b> and that death occurred at <b>9:50 am.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Joseph C. Williams M.D.</b>		23b. ADDRESS <b>830 Professional Bldg</b>	
23c. DATE SIGNED <b>11/8/52</b>		23d. LOCATION (City, town, or county) (State) <b>Kansas City Mo</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11-8-52</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City Mo</b>	
DATE REC'D BY LOCAL REG. <b>11-8-52</b>		REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>J.W. Wagner</b>		ADDRESS <b>K.C. Mo</b>	

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 Alvin R. Haunschild

Licensed Embalmer No. 4159

P. O. Address K.C. 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.