

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10712**

BIRTH NO. _____ REG. DIST. NO. **236** PRIMARY REG. DIST. NO. **5818** Registrar's No. **15**

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

1. PLACE OF DEATH a. COUNTY Morgan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Morgan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural; Moreau Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Moreau Township	
c. LENGTH OF STAY (In this place) Lifetime		d. STREET ADDRESS (If rural, give location) 12 Miles NE of Versailles	
d. FULL NAME OF HOSPITAL OR INSTITUTION 12 Mi. N.E. of Versailles			

3. NAME OF DECEASED (Type or Print) Fred Elmer Wear		4. DATE OF DEATH (Month) (Day) (Year) March 17, 1953	
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 24-1879	9. AGE (In years last birthday) 74	10. MONTH 1	11. DAY 24	12. CITIZEN OF WHAT COUNTRY? USA
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY General	11. BIRTHPLACE (City and State or Foreign Country) Morgan County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Aaron M. Wear	13b. MOTHER'S MAIDEN NAME Milinda J. Mosher	14. NAME OF HUSBAND OR WIFE Gertrude Engelbracht
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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) No.	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Aaron Wear Barnett, Missouri	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis (Rheumatic) 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"/>
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21a. ACCIDENT SUICIDE HOMICIDE No (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 415X
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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 **Feb 15, 1952**, to **Mar 17, 1953**, that I last saw the deceased alive on **Mar 17, 1953**, and that death occurred at **3:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE L. Washburn, M.D. (Degree or title)	23b. ADDRESS Versailles, Mo.	23c. DATE SIGNED 3/19/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 20-53	24c. NAME OF CEMETERY OR CREMATORY Hopewell Cemetery	24d. LOCATION (City, town, or county) (State) Morgan County, Mo.
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DATE REC'D BY LOCAL REG. Mar 19 1953	REGISTRAR'S SIGNATURE L. Washburn, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE W. F. Adwell	ADDRESS Versailles, Mo.
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Residence: Kansas, Liberty
(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

Gene G. Burtman

Licensed Embalmer No. *4021*

P. O. Address *Perisville, in*

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.