

STANDARD CERTIFICATE OF DEATH

38944

State File No.

FILED NOV 25 1953

5331

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>1 month</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Appleton City Mo</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kelly Nursing Home 1123 Independence</u>			d. STREET ADDRESS (If rural, give location) <u>Rural Rt. #3 007.0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Chark</u> b. (Middle) <u>Edmond</u> c. (Last) <u>Bearce</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 11 1953</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Wt</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1-4-1891</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 Mts. Hours _____ Mts. _____
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			
11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Henry Bearce</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Daniel Bhevis</u>		14. NAME OF HUSBAND OR WIFE <u>Lois Bearce</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes (Nav) World War I</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Everett Bearce</u>	
17. ADDRESS <u>K.L. Mo.</u>					

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1-2 hrs</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> <u>10 yrs</u>	
DUE TO (c) <u>psychosis, senile + arteriosclerotic</u>		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 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) m.		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 Oct 5, 1953, to Nov 11, 1953 that I last saw the deceased alive on 11-11, 1953, and that death occurred at 9:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. E. Riller MD</u> (Degree or title)		23b. ADDRESS <u>K.C. Mo</u>	
23c. DATE SIGNED <u>11-11-53</u>			

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11-12-1953</u>	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Appleton City Mo.</u>	

DATE REC'D BY LOCAL REG. <u>11-11-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Newcomers Sons</u>		ADDRESS <u>K.C. Mo</u>	

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

DEC

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 Rollis Kessel

Licensed Embalmer No. 4690

P. O. Address R-C-Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.