

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9601

FILED MAR 29 1954

5935 State File No. 124

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5935 Registrar's No. 124

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Sedalia</b> )		c. CITY OR TOWN <b>Sedalia</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>8 yrs.</b>		STREET ADDRESS (If rural, give location) <b>Route 5</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Route 5 (3 miles northeast of Sedalia)</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>WALTER</b> b. (Middle) <b>EDWIN</b> c. (Last) <b>WEAR</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 18, 1954</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 29, 1878</b>	9. AGE (In years last birthday) <b>75</b> if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Morgan County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>George William Wear</b>	13b. MOTHER'S MAIDEN NAME <b>Harriett Bartlett</b>	14. NAME OF HUSBAND OR WIFE <b>Susie Adams Wear</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Susie Wear, Rt. 5, Sedalia, Mo.</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of larynx</b>		
	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. <b>Arteriosclerosis</b>		<b>10 years</b>	

19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION <b>161X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>3-16, 1954</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>161X</b>
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22. I hereby certify that I attended the deceased from **3-3, 1954**, to **3-18, 1954**, that I last saw the deceased alive on **3-16, 1954**, and that death occurred at **3:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>C. H. Brady M.D.</b>	23b. ADDRESS <b>Sedalia Mo</b>	23c. DATE SIGNED <b>3-18-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3/20/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Highland Memorial Gardens</b>	24d. LOCATION (City, town, or county) (State) <b>Sedalia, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>3/20/54</b>	REGISTRAR'S SIGNATURE <b>W. Campbell M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. H. ... Sedalia, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

*G. W. King  
622*

**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.....  
Signature of Student Embalmer

Signed *R. E. Baker* .....

Licensed Embalmer No. *2417*

P. O. Address *Sedalia*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.