

STANDARD CERTIFICATE OF DEATH

State File No. **16929**

FILED MAY 24 1954

No. 300
10.48

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

BIRTH NO. _____		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>4427</u>		Registrar's No. <u>57</u>	
1. PLACE OF DEATH a. COUNTY <u>pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville, Mo</u>		c. LENGTH OF STAY (If in this place) <u>5 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crocker, Missouri</u>		<u>295-0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Waynesville General Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>RED</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Augusta</u> c. (Last) <u>Sears</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 6, 1954</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 27, 1890</u>	
9. AGE (In years) <u>63</u>		10. MONTHS <u>63</u>		10. DAYS <u>63</u>		10. HOURS <u>63</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Richland, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Robert Fritchett</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Johnson</u>			14. NAME OF HUSBAND OR WIFE <u>Charley E. Sears</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1780</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Operation for fracture</u>					<u>5 days</u>
		DUE TO (c) <u>Fall</u>					<u>5 days</u>
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>no</u>					
19a. DATE OF OPERATION <u>May 1, 1954</u>		19b. MAJOR FINDINGS OF OPERATION <u>Fractured humerus l.</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>085</u> (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 1st 1954 3 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>fell on concrete steps</u>			
22. I hereby certify that I attended the deceased from <u>May 4, 1954</u> , to <u>May 6, 1954</u> , that I last saw the deceased alive on <u>May 6, 1954</u> and that death occurred at <u>9:00 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. Mattette</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Crocker, Missouri</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 8/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crocker Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>Crocker, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>May 10, 1954</u>		REGISTRAR'S SIGNATURE <u>Eula Mae Anderson</u>		25. FUNERAL HOME OR ADDRESS <u>Hedges Funeral Home Crocker, Mo</u>			

RECEIVED 6-10-64
Pulaski County Health Officer
File Number 5-15-64
Date Filed 5-15-64

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 Clarence Thross

Licensed Embalmer No. 4896

P. O. Address Waynesville, Md

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.