

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
State File No. **26357**

BIRTH NO. _____		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 3000		Registrar's No. 422			
1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macon					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkville		c. LENGTH OF STAY (in this place) 2 Days		c. CITY OR TOWN La Plata, Mo.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Grim-Smith Memorial Hospital				e. STREET ADDRESS (If rural, give location) 0610 1					
3. NAME OF DECEASED (Type or Print) a. (First) Wilsey b. (Middle) Leo c. (Last) Grear			4. DATE OF DEATH (Month) (Day) (Year) November 29, 1954						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH December 19, 1906			
9. AGE (In years last birthday) 47		IF UNDER 1 YEAR Month 11 Day 10		IF UNDER 2 HRS. Hours 4 Min. 10					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) La Plata, Missouri			
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Edward Grear		13b. MOTHER'S MAIDEN NAME Martha Pruitt		14. NAME OF HUSBAND OR WIFE Hazel Grear		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes National Guard			16. SOCIAL SECURITY NO. 510-61-0354		17. INFORMANT'S SIGNATURE OR NAME Mrs Hazel Grear			ADDRESS La Plata, Mo.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial failure						INTERVAL BETWEEN ONSET AND DEATH 10 mins.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary emphysema						2 weeks	
		DUE TO (c) Bronchial asthma						2 months	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary tuberculosis						9 months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 241xA						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 11-27, 1954 , to 11-29, 1954 , that I last saw the deceased alive on 11-28, 1954 , and that death occurred at 7:45 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE <i>[Signature]</i>				(Degree or title)		23b. ADDRESS Kirkville, Mo.		23c. DATE SIGNED 11-29-54	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 12/2/54		24c. NAME OF CEMETERY OR CREMATORY La Plata Cemetery		24d. LOCATION (City, town, or county) (State) La Plata Mo.			
DATE REC'D BY LOCAL REG. 12-3-54		REGISTRAR'S SIGNATURE Kate Lambert			25. FUNERAL DIRECTOR'S SIGNATURE Genevieve Wilson		ADDRESS La Plata Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 6 1955

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 *Herbert M. Wilson*

Licensed Embalmer No. *H. 70*

P. O. Address *La Plata*

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.