

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **762**

BIRTH NO. _____		REG. DIST. NO. 177		PRIMARY REG. DIST. NO. 3016		Registrar's No. 29	
1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. LENGTH OF STAY (In this place) life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City			
d. FULL NAME OF HOSPITAL OR INSTITUTION 600 Jefferson St.				d. STREET ADDRESS (If rural, give location) 302 W. Ashley			
3. NAME OF DECEASED (Type or Print) Fred James Wear			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Jan 22 - 1956	
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH April 7 1891	
9. AGE (In years last birthday) About 64		10. UNDER 1 YEAR (Months) 8		11. UNDER 24 HRS. (Days) 26		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hodcarrier		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Jefferson City, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Wear			13b. MOTHER'S MAIDEN NAME Mattie Lee Vaughn			14. NAME OF HUSBAND OR WIFE Anna Wear	
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. 490-09-9371		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs Martha Lane Jefferson City, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause of death unknown but probably due to exposure				DUPLICATE TO (b) no signs of foul play.			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUPLICATE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Body found by Donald Taylor 14 and Rick Countryman 2910 Sunday Jan 22 - 1956 - about 1:30 PM							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 400 Washington St - 604 Washington St. In a Coca Cola Bottling Co. Truck cab.				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, etc.) Back of Coca Cola Bottling Co. - Jefferson City, Mo.		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jefferson City, Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> (FROZEN)		21f. HOW DID INJURY OCCUR? 9328 46			
22. I hereby certify that I attended the deceased from death about 1:30 PM , 19 January , 19 1956 , and I last saw the deceased alive on _____, 19____, and that death occurred at UNK m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Horace O. Debo, Dept. Sheriff				23b. ADDRESS Cole, Mo.		23c. DATE SIGNED 1-29-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 26 1956		24c. NAME OF CEMETERY OR CREMATORY Longview Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.	
DATE REC'D BY LOCAL REG. 23 Jan 1956		REGISTRAR'S SIGNATURE R.P. Harris MD MR		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Victor Kuecher Jefferson City			

(Licensed Embalmer's Statement on Reverse Side)

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

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

Victor P. Peacher

Licensed Embalmer No.

3701

P. O. Address

Jeffersonville

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.