

FILED JUN 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16710

State File No.

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 256

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>Jackson</u>			
b. CITY OR TOWN <u>Independence</u>		c. LENGTH OF STAY (in this place) <u>7 wks</u>		c. CITY OR TOWN <u>Independence</u>		d. Is residence within limits of city or incorporated town? <input type="checkbox"/> Yes <input type="checkbox"/> No	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Independence Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>122 W. 36th 100th</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Paul</u>		b. (Middle) <u>S</u>		c. (Last) <u>Sears</u>	
4. DATE OF DEATH		(Month) <u>June</u>		(Day) <u>1</u>		(Year) <u>1956</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 15 - 1905</u>	
9. AGE (In years last birthday) <u>51</u>		IF UNDER 1 YEAR <u>5</u> Months <u>16</u> Days		IF UNDER 24 HRS. <u></u> Hours <u></u> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plant & Office Manager Brick & Tile Co</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Brick & Tile Co</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Davannah - Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Samuel Sears</u>		13b. MOTHER'S MAIDEN NAME <u>Gles dlobbs</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Sears</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>488-24-7322</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Sears</u> ADDRESS <u>Indep. Mo</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 weeks</u> <u>years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		443X	
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 <u>1953</u> , to <u>6/1</u> , 1956, that I last saw the deceased alive on <u>6-1-56</u> , 19 <u>56</u> , and that death occurred at <u>2:20 p</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Vance E. Link, M.D.</u> (Degree or title)				23b. ADDRESS <u>10901 Winner, Independence, Mo</u>		23c. DATE SIGNED <u>6-2-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>June - 4 - 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Davannah</u>		24d. LOCATION (City, town, or county) (State) <u>Davannah - Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6-4-56</u>		REGISTRAR'S SIGNATURE <u>James Leslie</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert E. Speaks</u> ADDRESS <u>Indep. Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

358

MAR 26 1957

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 *Raymond M. Hardy*

Licensed Embalmer No. *491*

P. O. Address *Indep, M*

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.