

FILED JUL 27 1956

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

24216

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5295 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) Rock Township		c. LENGTH OF STAY (In this place) 4 Yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home near Arnold, Missouri		e. CITY OR TOWN Near Arnold Missouri	
3. NAME OF DECEASED (Type or Print) a. (First) Claudie		b. (Middle) Fears	
c. (Last) Fears		4. DATE OF DEATH (Month) (Day) (Year) July 18, 1956	
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 22, 1889
9. AGE (In years last birthday) 66	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work	11. BIRTHPLACE (State or foreign country) Arkansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE	

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE C. E. Fears (Deceased)
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. None	17. INFORMANT'S SIGNATURE OR NAME O.M. Johnson
		ADDRESS Arnold, Missouri

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	DUE TO (c) Arterio sclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) Arnold Jefferson Mo
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? 331X

22. I hereby certify that I attended the deceased from Jan 1956, to July 18, 1956, that I last saw the deceased alive on July 18, 1956, and that death occurred at 1:00 m., from the causes and on the date stated above.

23a. SIGNATURE O Reich Mo	(Degree or title)	23b. ADDRESS Empire Mo	23c. DATE SIGNED 7-18-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE July 19, 1956	24c. NAME OF CEMETERY OR CREMATORY Leachville Cemetery	24d. LOCATION (City, town, or county) (State) Leachville Arkansas
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DATE REC'D BY LOCAL REG. 7-18-56	REGISTRAR'S SIGNATURE Mrs Ruth Givens	25. FUNERAL DIRECTOR'S SIGNATURE Howard Funeral Ass'n	ADDRESS Leachville
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

+388

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JUL 25 1956

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.

Signed Arthur W. Seiligtz

Signed.....
Student Embalmer

Licensed Embalmer No. 3872

P. O. Address Imperial, Mo.

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.