

FILED DEC 31 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 337 Primary Registration District No. 4499 Registrar's No. 104

V. S. 300  
Rev. 1-57

1. PLACE OF DEATH a. COUNTY <b>Shelby</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Shelby</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Shelbina</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Shelbina</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b <b>3 1/2 Years</b>	d. STREET ADDRESS (If outside, give location) <b>1524</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Daisy</b> Middle <b>Idotha</b> Last <b>Wear</b>			4. DATE OF DEATH Month <b>Dec.</b> Day <b>19</b> Year <b>1957</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 29, 1872</b>
9. AGE (In years last birthday) <b>85</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	11. BIRTHPLACE (City and state or country) <b>Shelby County, Missouri</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>John Davis Tolle</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Ann Wheelington</b>	14. NAME OF HUSBAND OR WIFE <b>Henry Lafon Wear</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>498 01 5096B</b>	17. INFORMANT Address <b>Mrs. Joe D. Wilson, Shelbina, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Congestive Heart failure</b> DUE TO (b) <b>Hypertensive Heart disease</b> DUE TO (c) <b>Arteriosclerosis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>443x</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b> <b>8 mos.</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>Apr 14, 1957</b> to <b>Dec 19, 1957</b> and last saw her alive on <b>Dec 14, 1957</b> Death occurred at <b>8:50 P.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>J. H. Tomei D.O.</b> (Degree or title)		22b. ADDRESS <b>Shelbina, Missouri</b>	
22c. DATE SIGNED <b>12/23/57</b>		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>12/22/1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Shelbina Cemetery</b>
23d. LOCATION (City, town, or county) <b>Shelbina, Missouri</b>		23e. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR <b>Hayes Funeral Home, Shelbina, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12-26-57</b>	26. REGISTRAR'S SIGNATURE <b>Ada Garrison</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Securing the medical certification in this specific manner required by 193.140 MO. STATS. 1945.

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 *Paul E Hayes* .....

Licensed Embalmer No. *4461* .....

P. O. Address *Shelton, Me* .....

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.