

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028661
STATE FILE NUMBER

FILED AUG 26 1958 Registration District No. 98 Primary Registration District No. 4165 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY Daviess		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Daviess	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Gallatin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Gallatin
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ---		Length of stay in lb 45 Years	d. STREET ADDRESS (If outside, give location) --- Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Thomas Rutherford Sears			4. DATE OF DEATH Month Day Year August 14 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 20 1885	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farm Labor	11. BIRTHPLACE (City and state or country) Fulton Arkansas	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Thomas Sears		13b. MOTHER'S MAIDEN NAME Hannah Harriot		14. NAME OF HUSBAND OR WIFE Orphia Sears	

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. 496-10-4654	17. INFORMANT Mrs. Thomas Sears, Gallatin, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Uremia poisoning</i> <i>Carcinoma of stomach, severe hemorrhage</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>from stomach, Chronic nephritis & Cystitis</i> DUE TO (c) <i>15/1X</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4 1/2 hrs</i> <i>2 hrs</i> <i>1 yr.</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>was operated upon 4 mths ago for ruptured stomach & possible cancer</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 p.m.	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		

21. I attended the deceased from <i>June 1948</i> to <i>Aug 14/58</i> and last saw ^{him} alive on <i>Aug 14</i> Death occurred at <i>11:30 P.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <i>H R Bailey</i> (Degree or title) <i>Dr</i>	22b. ADDRESS <i>Gallatin Mo</i>	22c. DATE SIGNED <i>21 Aug 58</i>

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>8-17-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Brown Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Gallatin, Mo.</i>
24. FUNERAL DIRECTOR <i>A. O. Huchesson</i> Hope Funeral Home, Gallatin, Mo.	25. DATE RECD. BY LOCAL REG. <i>22 Aug. 1958</i>	26. REGISTRAR'S SIGNATURE <i>Virginia M Engelhart</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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OCT 23 1964

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 *Lenna L. Hope*

Licensed Embalmer No. *2162*

P. O. Address *Hallatus, N.J.*

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.