

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044874

STATE FILE NUMBER

FILED DEC 17 1958 Registration District No. 200 Primary Registration District No. 4314 Registrar's No. 117

1. PLACE OF DEATH a. COUNTY MACON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY MACON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ATLANTA		c. CITY OR TOWN ATLANTA ⁰⁶¹⁰	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Length of stay in lb		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) THOMAS MARION SEARS			4. DATE OF DEATH 12-6-1958		
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 4-3-1888	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 8 Days 3 Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) ATLANTA - MO	
13. FATHER'S NAME FRANCIS MAY SEARS			14. MOTHER'S MAIDEN NAME MATTIE McFadden		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 486-12-6920		17. INFORMANT J. B. SEARS - ATLANTA, MO	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer of Prostate		INTERVAL BETWEEN ONSET AND DEATH 9 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized Metastases		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		

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.) 177X	
20c. TIME OF INJURY Hour 12:30 Month, Day, Year Dec 6 1958		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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	
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21. I attended the deceased from **Feb 15 1958** to **Dec 6 1958** and last saw him alive on **Dec 6-58**
Death occurred at **12:30 a. m.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE O. L. Woodward Do² (Degree or title)		22b. ADDRESS Atlanta Mo		22c. DATE SIGNED 12-8-58	
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 12-7-1958	23c. NAME OF CEMETERY OR CREMATORY Mt. TABOR		23d. LOCATION (City, town, or county) (State) ATLANTA - MO	
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24. FUNERAL DIRECTOR Theo H. Gooding - ATLANTA, MO ADDRESS		25. DATE RECD. BY LOCAL REG. 12/8/58		26. REGISTRAR'S SIGNATURE Keith M. Neely	
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(Licensed Embalmer's Statement on Reverse Side)

health, Welfare Public Service
 300 1-56
 All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 85 0

DEC 19 1958

Date Filed 12-15-58
County

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 Theo. H. Goadding, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Theo. H. Goadding
Licensed Embalmer No. 39

P. O. Address Atlanta

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.