

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037796

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 1025 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 0128  
2 0910  
3 2  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. <b>FILED NOV 13 1962</b> a. COUNTY <b>Butler</b>		2. <b>USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ripley</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Poplar Bluff</b>		Length of stay in lb <b>10 days</b>	c. CITY OR TOWN <b>Naylor.</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 <b>Doctors Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Oyster Street</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. <b>NAME OF DECEASED</b> (Type or print) First <b>HERMAN</b> Middle <b>E.</b> Last <b>FEARS</b>		4. <b>DATE OF DEATH</b> Month <b>October</b> Day <b>22</b> Year <b>1962</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. <b>DATE OF BIRTH</b> <b>Mar. 21, 1895</b> 9. <b>AGE</b> (last birthday) <b>67</b>
10a. <b>USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. <b>KIND OF BUSINESS OR INDUSTRY</b> <b>Farming</b>	11. <b>BIRTHPLACE</b> (City and state or country) <b>Morriah, Illinois</b> 12. <b>CITIZEN OF WHAT COUNTRY</b> <b>USA</b>
13a. <b>FATHER'S NAME</b> <b>Thomas Fears</b>		13b. <b>MOTHER'S MAIDEN NAME</b> <b>Elizabeth Gross</b>	14. <b>NAME OF HUSBAND OR WIFE</b> <b>Ethel Bond Fears</b>
15. <b>WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		17. <b>INFORMANT</b> Address <b>Mrs. Ethel Fears, Naylor, Mo.</b>	
18. <b>CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c)) PART I. <b>DEATH WAS CAUSED BY:</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b>
IMMEDIATE CAUSE (a) <b>Carcinoma of the stomach with metastasis</b>			<b>Unknown</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
DUE TO (b)			
DUE TO (c)			
PART II. <b>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH</b> but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. <b>WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. <b>ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	20b. <b>DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)	
20c. <b>TIME OF INJURY</b> Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. <b>INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	20e. <b>PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. <b>CITY, TOWN, OR LOCATION</b>	<b>COUNTY</b> _____ <b>STATE</b> _____
21. I attended the deceased from <b>8/27/62</b> to <b>death</b> and last saw her/him alive on <b>Oct. 22, 1962</b> Death occurred at <b>11:55</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. <b>SIGNATURE</b> (Name or title) <i>E. T. Hansbrough, M.D.</i>		22b. <b>ADDRESS</b> <b>Poplar Bluff, Missouri</b>	22c. <b>DATE SIGNED</b> <b>10/24/62</b>
23a. <b>BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	23b. <b>DATE</b> <b>10/24/1962</b>	23c. <b>NAME OF CEMETERY OR CREMATORY</b> <b>Masonic Cemetery</b>	23d. <b>LOCATION</b> (City, town, or county) (State) <b>Naylor, Missouri</b>
24. <b>FUNERAL DIRECTOR</b> ADDRESS <b>Parrent Funeral Home Naylor, Mo.</b>		25. <b>DATE RECD. BY LOCAL REG.</b> <b>10/24/1962</b>	26. <b>REGISTRAR'S SIGNATURE</b> <i>Thelma Graham</i>

USE BLACK INK OR TYPEWRITER RIBBON

NOV 14 1962

**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 Gene A Parent

Licensed Embalmer No. 4809  
P. O. Address Naylor, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.