

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-019471
STATE FILE NUMBER

Registration District No. 15 Primary Registration District No. 3015 Registrar's No. 53

DO NOT WRITE
ON THIS STUB

AMENDED

FILED MAY 21 1963	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY Clinton</p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cameron Length of stay in 1b 2 Weeks</p> <p>c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Cameron Community Hospital Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE No. b. COUNTY DeKalb</p> <p>c. CITY OR TOWN Maysville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print)</p> <p style="text-align: center;">HARRY B. SHEARER</p>	<p>4. DATE OF DEATH</p> <p style="text-align: center;">May 16 1963</p>
<p>5. SEX Male</p> <p>6. COLOR OR RACE White</p> <p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p> <p>8. DATE OF BIRTH 8-6-1880</p> <p>9. AGE (last birthday) 82</p> <p>IF UNDER 1 YEAR: Months <input type="checkbox"/> Days <input type="checkbox"/> IF UNDER 24 HR: Hours <input type="checkbox"/> Min. <input type="checkbox"/></p>	<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired), Retired Baker</p> <p>10b. KIND OF BUSINESS OR INDUSTRY Maysville Mo</p> <p>11. BIRTHPLACE (City and state or country) Maysville Mo</p> <p>12. CITIZEN OF WHAT COUNTRY U.S.</p>
<p>13a. FATHER'S NAME Joseph Shearer</p> <p>13b. MOTHER'S MAIDEN NAME Elisebeth Beatty</p> <p>14. NAME OF HUSBAND OR WIFE Etta Shearer</p>	<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)</p> <p>16. SOCIAL SECURITY NO. [REDACTED]</p> <p>17. INFORMANT Address Mrs Eva Heyer, Maysville Mo</p>
<p>18. CAUSE OF DEATH (Enter only one cause of death)</p> <p>PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) Hypostatic Pneumonia INTERVAL BETWEEN ONSET AND DEATH 24 hrs</p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) Bacterial Heart Disease</p> <p>DUE TO (c) Arteriosclerosis</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Anterotracheal fracture left femur</p> <p>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</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p> <p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell from bed</p> <p>20c. TIME OF INJURY: Hour 5/3/63 Month, Day, Year</p>	<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/></p> <p>20e. PLACE OF INJURY (e.g., in or about home; farm, factory, street, office bldg., etc.) Sunset Nursing Home</p> <p>20f. CITY, TOWN, OR LOCATION Maysville COUNTY DeKalb STATE MO</p>
<p>21. I attended the deceased from 1942 to 5/15/63 and last saw him alive on 5/15/63</p> <p>Death occurred at 1:35 A m on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) Harold Dowler M.D.</p> <p>22b. ADDRESS Maysville MO</p> <p>22c. DATE SIGNED 5/16/63</p>	<p>23a. BURIAL, CREMATION, REMOVAL (Specify) Removal</p> <p>23b. DATE 5-16-63</p> <p>23c. NAME OF CEMETERY OR CREMATORY Maysville</p> <p>23d. LOCATION (City, town, or county) Maysville Missouri</p>
<p>24. FUNERAL DIRECTOR ADDRESS Pilcher Funeral Home Maysville Mo.</p> <p>25. DATE RECD. BY LOCAL REG. May 16 1963</p> <p>26. REGISTRAR'S SIGNATURE James D. Crawford</p>	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	DATE AMENDED	AMENDED	INSTEAD OF	DOCUMENT
1		0251			
2		0320			
3					
4		0			
5		2			
6					
7		0			
8		2			
9		4200F			
10					
11		032			
12		1-2			
13		2-0			

1961

NOV 10

11/10/61

11/10/61

11/10/61

11/10/61

11/10/61

11/10/61

11/10/61

11/10/61

11/10/61

11/10/61

11/10/61

11/10/61

11/10/61

11/10/61

11/10/61

11/10/61

11/10/61

11/10/61

11/10/61

11/10/61

11/10/61

11/10/61

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

O. T. Fisher

O. T. Fisher

Licensed Embalmer No. 3960

P. O. Address Mayville 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.

11/10/61