

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039161

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 50 Primary Registration District No. 5179 Registrar's No. 57

FILED OCT 14 1963

VS 300
Rev. 4/59

1 0150

2 8430

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9 420.1

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12 91-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY CAMDEN

b. CITY (If outside corporate limits, give TOWNSHIP only) OSAGE Township Length of stay in lb 8 days

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION KIRKWOOD Lodge Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE TEXAS b. COUNTY HARRIS

c. CITY OR TOWN HOUSTON Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 8502 RobindeLL Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) EARL TALMADGE SEARS

4. DATE OF DEATH OCTOBER 7, 1963

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 7/15/24 9. AGE (last birthday) 39

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WAREHOUSE MANAGER 10b. KIND OF BUSINESS OR INDUSTRY SPRINGHILL LA. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME WILLIAM E. SEARS 13b. MOTHER'S MAIDEN NAME JOSEPHINE CARSON 14. NAME OF HUSBAND OR WIFE MARY SEARS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes WWII 16. SOCIAL SECURITY NO. 9976 17. INFORMANT MARY SEARS Address 8502 RobindeLL Houston, TEXAS

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Asystole INTERVAL BETWEEN ONSET AND DEATH Imm.

Conditions, if any, which gave rise to above: cause (a), stating the underlying cause last. DUE TO (b) Coronary Occlusion Imm

DUE TO (c) Coronary Atherosclerosis years:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 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? Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour 8:00 Month, Day, Year 10-7-63

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Dead on Arrival 20f. CITY, TOWN, OR LOCATION Camden, Mo. COUNTY STATE

21. I attended the deceased from 10:00 P. and last saw her/him alive on 10-7-63

Death occurred at 10:00 P. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. H. Harrison, Jr. M.D. (Degree or title) 22b. ADDRESS Camden, Mo. 22c. DATE SIGNED 10-7-63

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 23b. DATE 10/8/63 23c. NAME OF CEMETERY OR CREMATORY Forest Park Cemetery 23d. LOCATION (City, town, or county) (State) HENDERSON TEXAS

24. FUNERAL DIRECTOR Walter Hedges ADDRESS Camden, Mo. 25. DATE RECD. BY LOCAL REG. Oct 7 - 1963 26. REGISTRAR'S SIGNATURE Zilpha J. Inaw

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

OCT 15 1963

OCT 18 1963

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 Walter P. Hedger

Licensed Embalmer No. 4268

P. O. Address Cummins, 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.