

FILED JUL 17 1940

## MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

21499

Do not use this space.

## 1. PLACE OF DEATH

(a) County Chariton Registration District No. 175  
 (b) Township Salisbury Primary Registration District No. 5243  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred, yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Edwin Price Sears  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married Marya Sears

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marya Sears

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-9-1875

7. AGE YEARS 65 MONTHS 4 DAYS 23 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER 13. NAME John C. Sears

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Nancy Turner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Mrs. Mary Sears  
Salisbury, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bainbridge Mo DATE 6/3 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo. B. Winkelmyer  
Salisbury, Mo.

20. FILED 6/3 1940 W. H. Lawrence Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2 1940

22. I HEREBY CERTIFY That I attended deceased from May 31 1940 to June 2 1940

I last saw him alive on June 1 1940 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion  
Generalized arteriosclerosis

Date of onset 5-31-40  
7

Other contributory causes of importance: 94 lbs

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) J. L. Hanson, M. D.

(Address) Salisbury Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

I X 16605

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED  
District Health Officer No. 8.  
District File Number 7-15-40  
Date Filed

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Geo B. L. [Signature]

Licensed Embalmer No. 2125

P. O. Address Salisbury 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 this body is not embalmed, above space should be left blank.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 21499  
Registrar's No. \_\_\_\_\_

Registration District No. 175-

Primary Registration District No. 3243

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**  
 (a) County Chariton  
 (b) City or town Salisbury, T. P.  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community \_\_\_\_\_ (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Edwin Price Lear  
**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security No.** \_\_\_\_\_

**4. Sex** m **5. Color or race** w **6. (a) Single, widowed, married, divorced.** m  
**6. (b) Name of husband or wife.** \_\_\_\_\_ **6. (c) Age of husband, or wife, if alive.** \_\_\_\_\_ years  
**7. Birth date of deceased.** (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

**8. AGE:** Years 65- Months 4 Days 23 If less than one day \_\_\_\_\_ h. \_\_\_\_\_ min.

**9. Birthplace.** (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

**10. Usual occupation.** \_\_\_\_\_

**11. Industry or business.** \_\_\_\_\_

**12. Name.** \_\_\_\_\_

**13. Birthplace.** (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

**14. Maiden name.** \_\_\_\_\_

**15. Birthplace.** (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

**16. (a) Informant.** \_\_\_\_\_

**(b) Address.** \_\_\_\_\_

**17. (a)** \_\_\_\_\_ **(b) Date thereof.** (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

**(c) Place: burial or cremation.** \_\_\_\_\_

**18. (a) Signature of funeral director.** \_\_\_\_\_

**(b) Address.** \_\_\_\_\_

**19. (a)** 8-1-40 **(b)** J. L. Ham (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State mo (b) County Chariton  
 (c) City or town Salisbury, mo (If outside city or town limits write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? was \_\_\_\_\_ years.

**20. DATE OF DEATH.** Month June day 2 year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

**22. If death was due to external causes, fill in the following:**  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
 (e) Means of injury \_\_\_\_\_  
**23. Signature** J. L. Ham (M. D. or other) \_\_\_\_\_  
 Address Salisbury, mo Date signed \_\_\_\_\_

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

