

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41641**

FILED JAN 5 1950

BIRTH NO. _____ REG. DIST. NO. **187** PRIMARY REG. DIST. NO. **3040** Registrar's No. **201**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Cook	
b. CITY (If outside corporate limits, write RURAL and give town) Chillicothe		c. CITY (If outside corporate limits, write RURAL and give township) Chicago	
d. FULL NAME OF HOSPITAL OR INSTITUTION 212 Gale Street		d. STREET ADDRESS (If rural, give location) Unknown	

3. NAME OF DECEASED (Type or Print)	a. (First) Claude	b. (Middle) Oscar	c. (Last) Dearing	4. DATE OF DEATH (Month) (Day) (Year) Dec. 26, 1949.
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Divorced	8. DATE OF BIRTH February 10, 1901	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Milan, Missouri	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME Daniel Wilhite Dearing	13b. MOTHER'S MAIDEN NAME Rose Ellen Harrington	14. NAME OF HUSBAND OR WIFE Bessie Marie Dearing
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY (If yes, give war or dates of service) 487-03-9927	17. INFORMANT'S SIGNATURE OR NAME ADDRESS W. K. Dearing; Chillicothe, Missouri
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4201
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Wied instantly DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **bleed, instantly**, 19___, that I last saw the deceased alive on ___ 19___, and that death occurred at **1:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. G. Burnett (Degree or title)	23b. ADDRESS Coronary Chillicothe Mo	23c. DATE SIGNED 12/27/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-29-49	24c. NAME OF CEMETERY OR CREMATORY Humphreys	24d. LOCATION (City, town, or county) (State) Humphreys, Missouri
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DATE REC'D BY LOCAL REG. 12/27/49	REGISTRAR'S SIGNATURE Frances B Neill	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Norman Funeral Home; Chillicothe, Mo.
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OCT 3 1952

6 MAR 9



JAN 21 1952

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
Student Embalmer

Signed *Elton Norman*

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri.

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, fact should be so stated above.