

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13751

State File No.

BIRTH NO. REG. DIST. NO. 199 PRIMARY REG. DIST. NO. 4312 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>MACON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>MACON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ethel</u>		c. LENGTH OF STAY (in this place) <u>5 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ethel</u> <u>0610</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION							
3. NAME OF DECEASED (Type or Print) <u>REBECCA JANE SEARS</u>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>APR. 12, 1950</u>	
5. SEX <u>7 M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Apr 10, 1880</u>		9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>2</u>	IF UNDER 4 HRS. Hours <u>0</u> Min.
10a. USUAL OCCUPATION (Give kind of work including most of working life, even if retired) <u>Housekeeping</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>James Bailey</u>		13b. MOTHER'S MAIDEN NAME <u>Honor Milbourn</u>		14. NAME OF HUSBAND OR WIFE <u>Clarence Sears (deceased)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Marion Sears, Ethel, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Dilatation of Heart</u>						<u>3 hrs.</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES						
	DUE TO (b) <u>Coronary Insufficiency</u>						
	DUE TO (c) <u>Progressive Arteriosclerosis</u>						
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.					<u>4201</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>No operations</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>4-11</u> , 19 <u>50</u> , to <u>4-12</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4-12</u> , 19 <u>50</u> , and that death occurred at <u>12:05 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Vivian A. Bittiker, D.O.</u>				23b. ADDRESS <u>Callao, Mo.</u>		23c. DATE SIGNED <u>4/12/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr 13, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hilton Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Saldsburg, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Apr 13, 1950</u>	REGISTRAR'S SIGNATURE <u>Daphne Nowerton</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Larson Funeral Service</u>		ADDRESS <u>Ethel, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0610

10-48

MAY 26 1950

RECEIVED 4/17/50
MACON COUNTY HEALTH DEPARTMENT
County File No. 4/50/86
Date Filed 4/29/50

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 E. A. Larson

Licensed Embalmer No. 4037

P. O. Address Bucklin, 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, fact should be so stated above.