

FILED SEP 28 1950 STANDARD CERTIFICATE OF DEATH

30798

State File No. ....

Registrar's No. 162

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage	
c. LENGTH OF STAY (in this place) 9 yrs		d. STREET ADDRESS (If rural, give location) Colonial Apts - 406 Walnut St	
d. FULL NAME OF HOSPITAL OR INSTITUTION Colonial Apts			

3. NAME OF DECEASED (Type or Print)	a. (First) HINTON	b. (Middle) Frank	c. (Last) SEARS	4. DATE OF DEATH (Month) (Day) (Year) Sept 21, 1950
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan 2, 1903	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months 8	IF UNDER 24 HRS. Hours 19
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) office manager	10b. KIND OF BUSINESS OR INDUSTRY Flex-o-later Corp	11. BIRTHPLACE (State or foreign country) Hinton, Okla	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Frank Lane	13b. MOTHER'S MAIDEN NAME Cora Jameson	14. NAME OF HUSBAND OR WIFE Fred M. Sears
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO 327-22-4870	17. INFORMANT'S SIGNATURE OR NAME Fred M Sears	ADDRESS 406 Walnut, Carthage, Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  6 mo  25 yrs.  4/16X
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Complete Heart Block		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Auricular Fibrillation DUE TO (c) Rheumatic Heart Disease		
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) m.	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 Mar 14, 1950, to Sep 21, 1950, that I last saw the deceased alive on Sep 15, 1950, and that death occurred at 6 P m., from the causes and on the date stated above.

23a. SIGNATURE Frank A. Dime	(Degree or title) MD	23b. ADDRESS Carthage, Mo	23c. DATE SIGNED 9-22-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 9-25-50	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Kansas
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DATE REC'D BY LOCAL REG. 9-23-50	REGISTRAR'S SIGNATURE L.B. Clinton, MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary, Carthage, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED 9-26-50

Jasper County Health Office

County File Number 50-9-690

Date Filed 9-27-50

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. 383

working under my personal supervision.

JUN 1955

Student *Thomas C. Finkwood*  
Student Embalmer

Signed *Robert H. Knell*

Licensed Embalmer No. 4459

P. O. Address *Carthage*

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.