

FILED OCT 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30803

495

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 436

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>	c. LENGTH OF STAY (In this place) <u>2 WKS</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u> <u>0495</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shelman Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>918 W 5th</u>	

3. NAME OF DECEASED (Type or Print) <u>ROBERT E BEARMEAR</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>9-28-50</u>
--	------------	-------------	-----------	--

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MOY 13-1894</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
-----------------	---------------------------	---	-------------------------------------	---	------------------------	------------------------	------

10a. USUAL OCCUPATION (Give kind of work during usual working life, even if retired) <u>INS. BROKER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>GEN. INSURANCE</u>	11. BIRTHPLACE (State or foreign country) <u>MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	---	---	---

13a. FATHER'S NAME <u>UNKNOWN</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>ETHEL BEARMEAR</u>
-----------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WWI</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ethel Bearmeear</u>	ADDRESS _____
---	-------------------------------	--	---------------

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8-6-50</u> <u>Unknown</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial Sclerosis</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>331X</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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) (Min.) _____	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 8-19, 1950, to 9-28, 1950, that I last saw the deceased alive on 9-27, 1950, and that death occurred at 3:05 a.m., from the causes and on the date stated above.

23. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>[Address]</u>	23c. DATE SIGNED <u>9/29/50</u>
--	-------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>OCT-1-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MARCELINE MO</u>	24d. LOCATION (City, town, or county) (State) <u>MARCELINE MO.</u>
---	---------------------------	--	--

DATE REC'D BY LOCAL REG. <u>9-30-50</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> 138	25. FUNERAL DIRECTOR'S SIGNATURE <u>HURLBUD GLOVER MORT.</u>	ADDRESS _____
---	--	--	---------------

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

RECEIVED 10-9-50
Jasper County Health Office

County File Number 50-9-731

Date Filed 10-10-50

AUG 19 1950

OCT 17 1950

MS JUL 5 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Dale Glover

Signed.....
Student Embalmer

Licensed Embalmer No. 4593

P. O. Address *Joplin, 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.