

FILED NOV 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39576

State File No.

BIRTH NO.		REG. DIST. NO. <u>376</u>		PRIMARY REG. DIST. NO. <u>4560</u>		Registrar's No. <u>22</u>	
1. PLACE OF DEATH a. COUNTY <u>Wright</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Norwood</u>		c. LENGTH OF STAY (in this place) <u>6 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Norwood</u>		<u>1140</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>				d. STREET ADDRESS (If rural, give location) <u>Clark Township</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Willie</u> b. (Middle) <u>Hezekiah</u> c. (Last) <u>Bearce</u>				4. DATE OF DEATH (Month) <u>10</u> (Day) <u>9</u> (Year) <u>50</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>April 7, 1871</u>	
9. AGE (In years last birthday) <u>79</u>		10. MONTHS <u>6</u>		11. DAYS <u>2</u>		12. IF UNDER 1 YEAR Hours <u>3</u> Mins. <u>2</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Parsons Kansas</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Daniel Harvey Bearce</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Hoar</u>		14. NAME OF HUSBAND OR WIFE <u>Iva Grace Wheeler Bearce</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Iva Grace Bearce</u>		18. ADDRESS <u>Clark Township</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
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. TIMES OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>3</u> (Month) <u>3</u> (Day) <u>1950</u> <u>3</u> (Hour) <u>32</u> (Minute)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 12, 1950</u> , to <u>Oct 9, 1950</u> , that I last saw the deceased alive on <u>Oct 8, 1950</u> , and that death occurred at <u>7 PM</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Newton D. Muehl D.O.</u>				23b. ADDRESS <u>Manfield, Mo</u>		23c. DATE SIGNED <u>10-18-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 14 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Thomas Center</u>		24d. LOCATION (City, town, or county) (State) <u>Norwood, Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-24-50</u>		REGISTRAR'S SIGNATURE <u>Mr. C. E. Warrham</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Missell Barker</u>		ADDRESS <u>Clark Township</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number 11-18-50
Date Filed 11-18-50

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 _____

working under my personal supervision.

Student
Student Embalmer

Signed Russell Barber
Student Embalmer No. _____
Licensed Embalmer No. 3848
P. O. Address Stu. Grove, 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.