

FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8263

461

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Plains,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Plains 0461	
c. LENGTH OF STAY (In this place) 16 months		d. STREET ADDRESS (If rural, give location) 104 Worcester	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Christa Hogan Hospital			
3. NAME OF DECEASED (Type or Print)	a. (First) MAURICE	b. (Middle) A.	c. (Last) WEAR
		4. DATE OF DEATH	(Month) (Day) (Year) Mar. 6, 1951
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 30, 1893
		9. AGE (In years last birthday) 57	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister
		11. BIRTHPLACE (State or foreign country) Cassville, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Presbyterian Ch.	
13a. FATHER'S NAME William A. Wear	13b. MOTHER'S MAIDEN NAME Maggie Maiden	14. NAME OF HUSBAND OR WIFE Muriel Wear	
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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Muriel Wear, West Plains, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis			1 mo.
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES DUE TO (b) Hypertension			8 yrs.
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			443X
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 3/4 , 19 51 , to 3/6 , 19 51 , that I last saw the deceased alive on 3/6 , 19 51 , and that death occurred at 8:40 a. m. , from the causes and on the date stated above.			
23a. SIGNATURE [Signature] (Degree or title) M.D.	23b. ADDRESS West Plains, Missouri	23c. DATE SIGNED 3/7/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE Mar. 8, 1951	24c. NAME OF CEMETERY OR CREMATORY Cassville,	24d. LOCATION (City, town, or county) (State) Mo.
DATE REC'D BY LOCAL REG. 3-8-51	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS West Plains, Mo.

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED MAR 12 1951

Dist. File 337-517

Date Filed 3-12-51

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. ~~34~~

working under my personal supervision.

Student

Student Embalmer

Signed

Hal Flourens

Licensed Embalmer No. 3408

P. O. Address W. Plaine,

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.