

No. 306
10-48

FILED APR 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1190
State File No. 15389

BIRTH NO. _____ REG. DIST. NO. 345 PRIMARY REG. DIST. NO. 0240 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>1/4 mile from Brazil</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>1/4 mile from Brazil MO</u>	
c. LENGTH OF STAY (in this place) <u>no</u>		d. STREET ADDRESS (If rural, give location) <u>Brazil MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nettie</u> b. (Middle) <u>A</u> c. (Last) <u>Bears</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 19 1951</u>		
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5. SEX <u>1</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 10 1895</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>09</u>	IF UNDER 10 HRS. Hours <u>0</u> Min. <u>00</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wif.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>		11. BIRTHPLACE (State or foreign country) <u>Springfield MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Stanton Crocker</u>		13b. MOTHER'S MAIDEN NAME <u>Nettie A Crocker</u>		14. NAME OF HUSBAND OR WIFE <u>Walter Bears</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert Bears</u> ADDRESS <u>Brazil MO</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Acute regurgitation</u>					
		ANTECEDENT CAUSES					
		MORBID 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.					
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) <u>murder</u>		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 Jan 1, 1951, to Feb 19, 1951, that I last saw the deceased alive on Feb 17, 1951, and that death occurred at 4:20 m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. M. Haddock</u> (Degree or title) <u>MD.</u>		23b. ADDRESS <u>Lester ville MO</u>		23c. DATE SIGNED <u>2/21/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/21/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shoal Creek Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Brazil MO</u>	
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DATE REC'D BY LOCAL REG. <u>4-20-51</u>		REGISTRAR'S SIGNATURE <u>Ella V. White</u>		336		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. Luther Spark</u> ADDRESS <u>Palestine MO</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

DO NOT WRITE IN THESE SPACES

RECEIVED

APR 28 1980

WASH. COUNTY HEALTH DEPT

No. 51-89

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.....
Student Embalmer

Signed.....
Murphy Sparks

Licensed Embalmer No. *4339*

P. O. Address *Flat River, 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.