

FILED SEP 18 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

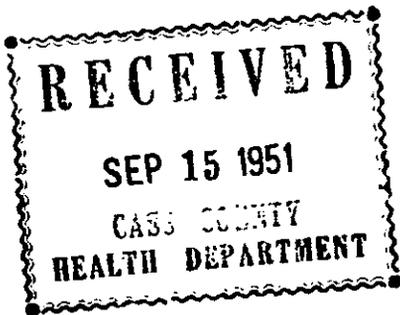
State File No. 29732

BIRTH NO.		REG. DIST. NO. 69	PRIMARY REG. DIST. NO. 4103	Registrar's No. 113
1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Cass</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cleveland Mo.</u>	c. LENGTH OF STAY (in this place) <u>10 years.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Cleveland Mo.</u> 0190		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>In home</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>ROBERT</u> c. (Last) <u>SEARS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. - 11 - 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan. 18 - 1866</u>	9. AGE (In years last birthday) <u>85</u> If UNDER 1 YEAR: Months Days If UNDER 11 HRS.: Hours Min.
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>Retired Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Peculiar Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>James H. Sears</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Thompson</u>	14. NAME OF HUSBAND OR WIFE <u>Laura Sears</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Opal Young Cleveland Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) <u>Arteriosclerosis</u>  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>		INTERVAL BETWEEN ONSET AND DEATH <u>?</u> <u>?</u>
19a. DATE OF OPERATION <u>✓</u>	19b. MAJOR FINDINGS OF OPERATION <u>✓</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>	21f. HOW DID INJURY OCCUR? <u>✓</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>✓</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>	
22. I hereby certify that I attended the deceased from <u>Sept 11, 1951</u> to <u>Dead on my arrival</u> , that I last saw the deceased alive on <u>Sept 11, 1951</u> and that death occurred at <u>4:45 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Walter V. Robbins, M.D. Psychiat, Mo.</u>		23b. ADDRESS <u>Peculiar, Mo.</u>		23c. DATE SIGNED <u>9/11/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 13 - 51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>West Union</u>	24d. LOCATION (City, town, or county) (State) <u>4 1/2 miles North East Cleveland Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 13, 1951</u>	REGISTRAR'S SIGNATURE <u>Dora Barnard</u>	45/1	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. C. Myers Cleveland Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

01 90



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**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 \_\_\_\_\_

*Geo. E. Myers*

Signed.....  
Student Embalmer

Licensed Embalmer No. 2577

P. O. Address Cleveland 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.