

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29733

State File No.

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4095 Registrar's No. 118

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| 1. PLACE OF DEATH a. COUNTY <u>CASS.</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Cass</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Drexel, Missouri.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Drexel, Missouri.</u> | |
| c. LENGTH OF STAY (in this place) <u>42 yrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>4th & Maple.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Not in hosp. At Home.</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>JOHN</u> | b. (Middle) <u>OSCAR</u> | c. (Last) <u>SEARS</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 23, 1951</u> |
|-------------------------------------|------------------------|--------------------------|------------------------|--|

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|--------------------|-------------------------------|--|---|---|--|---|
| 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>July, 17, 1867.</u> | 9. AGE (In years last birthday) <u>84</u> | # UNDER 1 YEAR Months <u>2</u> Days <u>6</u> | # UNDER 4 HRS. Hours <u></u> Min. <u></u> |
|--------------------|-------------------------------|--|---|---|--|---|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pharmacist.</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Drug Store.</u> | 11. BIRTHPLACE (State or foreign country) <u>Huntingdale, Missouri.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>George Sears,</u> | 13b. MOTHER'S MAIDEN NAME <u>Priscilla Scroggins</u> | 14. NAME OF HUSBAND OR WIFE <u>Stella M. Sears.</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service) <u>No.</u> | 16. SOCIAL SECURITY NO. <u>None.</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Stella Sears, Drexel, Missouri.</u> |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pyelocystitis</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. | | | |

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| 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) | 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 Sept 18, 1951, to Sept, 23, 1951 that I last saw the deceased alive on Sept. 23, 1951, and that death occurred at 8:15 Pm., from the causes and on the date stated above.

| | | |
|---|---------------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Basile E. Hartwell M.D.</u> | 23b. ADDRESS <u>Drexel, Missouri.</u> | 23c. DATE SIGNED <u>9/24/51</u> |
|---|---------------------------------------|---------------------------------|

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|---|----------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>9/25/1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Freeman Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Freeman Missouri.</u> |
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| DATE REC'D BY LOCAL REG. <u>9/24/51</u> | REGISTRAR'S SIGNATURE <u>Nova Barward</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Drexel, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0190

0190

RECEIVED
SEP 29 1951
CASS COUNTY
HEALTH DEPARTMENT

FEB 28 1951

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~~ _____

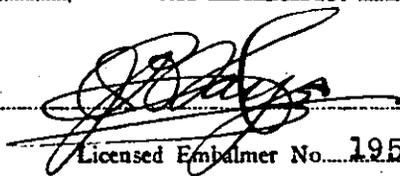
~~XXXXXXXXXXXXXXXXXXXX~~ No. _____

working under ~~my personal supervision~~ _____

~~XXXXXXXXXXXXXXXXXXXX~~

Student
Student Embalmer

Signed _____



Licensed Embalmer No. 1950

P. O. Address Drexel, Missouri.

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.