

FILED JAN 4 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41345

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 171

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TRENTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TRENTON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1416 &amp; 13th Creek</u>		d. STREET ADDRESS (If rural, give location) <u>1416 &amp; 13th Creek</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Maxxie</u>	b. (Middle) <u>B.</u>	c. (Last) <u>FEARS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 19, 1957</u>
-------------------------------------	--------------------------	-----------------------	------------------------	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>APRIL 9, 1874</u>	9. AGE (In years last birthday) Months Days <u>77 8 10</u>	IF UNDER 1 YEAR <u>-</u>	IF UNDER 1 HR. <u>-</u>
----------------------	-------------------------------	---	---------------------------------------	--	--------------------------	-------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Tazewell County Virginia</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
--	---	---	--

13a. FATHER'S NAME <u>DAVID ROLLINS</u>	13b. MOTHER'S MAIDEN NAME <u>SARAH MARRS</u>	14. NAME OF HUSBAND OR WIFE <u>EMERY FEARS</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 <u>Wm. D. Fears</u>	ADDRESS _____
--	-------------------------------------	---	---------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-Vascular Renal Disease</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.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>442X</u>	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) _____	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 Dec 15th, 1957, to Dec 19th, 1957, that I last saw the deceased alive on Dec 14th, 1957, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Claver F. Duffy M.D.</u> (Degree or title)	23b. ADDRESS <u>Trenton Mo.</u>	23c. DATE SIGNED <u>Dec 23rd 1957</u>
--	---------------------------------	---------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-21-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wild Chapel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Grundy County Mo.</u>
---	---------------------------	--	--

DATE REC'D BY LOCAL REG. <u>12-21-57</u>	REGISTRAR'S SIGNATURE <u>Irene Fair</u> 115 0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Dennis Blackman</u> ADDRESS <u>Trenton Mo.</u>
--	---	--

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

D.O.F. DUFFY

**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.....

*M. Reed*

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Rafael A. Wain*

Licensed Embalmer No. *2424*

P. O. Address *Denton 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.