

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **43590**

No. 300  
10. 48  
**FILED JAN 5 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 4099

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Louis, Missouri</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellston, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Perry</u> <u>6770</u>	
c. LENGTH OF STAY (In this place) <u>6 wks</u>		d. STREET ADDRESS (If rural, give location) <u>6417 Spencer Place.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Benjamin</u> b. (Middle) <u>Price</u> c. (Last) <u>Phears</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Dec 24, 1951</u>		
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<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>Nov 15, 1861</u>	<b>9. AGE</b> (In years last birthday) <u>90</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 1 HR.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Contractor</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Cement Work</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Spencerburg, Missouri</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
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<b>13a. FATHER'S NAME</b> <u>Anselm Phears</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Unknown</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Ora Phears (deceased)</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Ira Bower - 6417 Spencer Place.</u>	<b>ADDRESS</b> <u>6417 Spencer Place.</u>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>7 hrs</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Acute Coronary Thrombosis</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Obv. myocardial hypertrophy</u> DUE TO (c) <u>Senility</u>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b> <u>None</u>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>✓</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>None</u>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>4201</u>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u>5:57</u>	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <u>67</u>
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**22. I hereby certify that I attended the deceased from Nov 3, 1951 to Dec 24, 1951, that I last saw the deceased alive on Dec 24, 1951, and that death occurred at 11:57 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>R. W. McShane M.D.</u>	<b>23b. ADDRESS</b> <u>4500 Olive St.</u>	<b>23c. DATE SIGNED</b> <u>1/16/51</u>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Removal</u>	<b>24b. DATE</b> <u>12-26-51</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Vandalia</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Vandalia, Missouri</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>12-2-51</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Hubert A. Donohue</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Albert H. Hoppe</u>	<b>ADDRESS</b> <u>-4700 Washington</u>
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(Licensed Embalmer's Signature on Reverse Side)

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

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. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed

*John S. Henrich*

Licensed Embalmer No. *4194*

P. O. Address.....

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.