

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15649**

**MAY 13 1952**

BIRTH NO.		REG. DIST. NO. <b>42</b>	PRIMARY REG. DIST. NO. <b>1000</b>	Registrar's No. <b>574</b>
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>704 Woodson St.</b>		d. STREET ADDRESS (If rural, give location) <b>704 Woodson St.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>SCHUYLER</b>		b. (Middle) <b>COLFAX</b>		c. (Last) <b>MEARS</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>May 11 1952</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 26, 1868</b>	9. AGE (In years last birthday) <b>84</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>				
13a. FATHER'S NAME <b>Irwin Mears</b>		13b. MOTHER'S MAIDEN NAME <b>unk</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Minnie Mears</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Minnie Mears</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>5/9/52</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) Arteriosclerosis</b>		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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 <b>331X</b>		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 <b>5/9</b> , 19 <b>52</b> , to <b>5/9</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>5/9</b> , 19 <b>52</b> , and that death occurred at <b>7:40</b> a. m., from the causes and on the date stated above.				
23a. SIGNATURE <b>Frank Nardigan</b>		23b. ADDRESS <b>620 Monroe St.</b>		23c. DATE SIGNED <b>5/11/52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>May 13, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Milton Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Milton Holt Missouri</b>		24e. FUNERAL DIRECTOR'S SIGNATURE <b>Stammy Funeral Home</b>		
DATE REC'D BY LOCAL REG. <b>MAY 15, 1952</b>		REGISTRAR'S SIGNATURE <b>Carl E. Cash</b>		24f. ADDRESS <b>St. Joseph Mo.</b>

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

MAY 27 1939

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 Charles E Bennett.....

Licensed Embalmer No. 4677.....

P. O. Address St Joseph 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.