

5. No. 306
 V. 10.48
 MAY 19 1952

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **19106**

BIRTH NO.		REG. DIST. NO. 349	PRIMARY REG. DIST. NO. 6185	Registrar's No. 10
1. PLACE OF DEATH a. COUNTY Sullivan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Sullivan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural--Union Twp.		c. LENGTH OF STAY (In this place) 7 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural--Union Twp. 1050	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home 1 mi S Owasco		d. STREET ADDRESS (If rural, give location) RFD 3 Milan, Mo. 8		
3. NAME OF DECEASED a. (First) Harold b. (Middle) Newton c. (Last) Fear			4. DATE OF DEATH (Month) (Day) (Year) May 9, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify). Widowed 2	8. DATE OF BIRTH Aug. 28, 1881	9. AGE (In years last birthday) 70 IF UNDER 1 YEAR: Months --- Days --- IF UNDER 4 HRS. Hours --- Min. ---
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Samuel N. Fear		13b. MOTHER'S MAIDEN NAME Josephine Woodruff	14. NAME OF HUSBAND OR WIFE Effie A. Black Fear	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Lost	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Virgil D. Fear, Joliet, Illinois	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Valvular Disease of Heart 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.		INTERVAL BETWEEN ONSET AND DEATH Unknown
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4214		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) (Min.)		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 Apr 24, 1952 , to May 8, 1952 , that I last saw the deceased alive on _____, 19____, and that death occurred at 1:30 P.M. , from the causes and on the date stated above.				
23a. SIGNATURE W. Huntington MD		(Degree or title) MD	23b. ADDRESS Green City Mo	23c. DATE SIGNED May 10-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE May 12, 1952	24c. NAME OF CEMETERY OR CREMATORY Garrett Cemetery	24d. LOCATION (City, town, or county) (State) Delta, Iowa	
DATE REC'D BY LOCAL REG. May 13, 1952		REGISTRAR'S SIGNATURE Laura M. Speltz	25. FUNERAL DIRECTOR'S SIGNATURE Glenn E. Kenton	ADDRESS Green City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

....., Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Earl R. Kent.....

Licensed Embalmer No. 4689.....

P. O. Address Green City, 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.