.S. No. 300
ev. 10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2046

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 5644 Registrar's No. 1

0540
1

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

1. PLACE OF DEATH
a. COUNTY: Lafayette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Lexington
c. LENGTH OF STAY (In this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 10 miles Southeast Lexington

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lafayette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lexington 0540
d. STREET ADDRESS (If rural, give location): 10 miles Southeast Lexington

3. NAME OF DECEASED (Type or Print)
a. (First) Charles b. (Middle) Newton c. (Last) Bear
Charles Newton Bear

4. DATE OF DEATH (Month) (Day) (Year): January 1 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: August 6 1873
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 4 Days 25 — IF UNDER 24 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: Own farm
11. BIRTHPLACE (City and State or Foreign Country): Higginsville Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John F. Bear
13b. MOTHER'S MAIDEN NAME: Mary Marshall Gray
14. NAME OF HUSBAND OR WIFE: Florence Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): not known
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: John Young Lexington Missouri — 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Found dead in bed by members of the family
No evidence violence
DUE TO (c): Had been dead several hours.
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: No Surgery 4201
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* after death, *to* _____, 19__, *that I last saw the deceased alive on* Jan 1, 19 53, *and that death occurred at* 1 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. Martin MD
23b. ADDRESS: Odessa Mo
23c. DATE SIGNED: 1-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial January 3 1953
24b. DATE
24c. NAME OF CEMETERY OR CREMATORY: Machpelah
24d. LOCATION (City, town, or county) (State): Lexington, Missouri

DATE REC'D BY LOCAL REG.: 3 Jan 1953
REGISTRAR'S SIGNATURE: Minerva E. Eastabrooks 156-0
25. FUNERAL DIRECTOR'S SIGNATURE: Forrest F. Tempel Lexington
ADDRESS: Missouri

(Licensed Embalmer's Statement on Reverse Side)

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 L. W. McKean

Licensed Embalmer No. 2-96 3

P. O. Address Lillington, 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.