

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4422

State File No. ....

FILED JAN 26 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall</b>	
c. LENGTH OF STAY (In this place) <b>47 Yrs.</b>		0972	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>572 So. Ellsworth</b>		d. STREET ADDRESS (If rural, give location) <b>572 So. Ellsworth</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Harvey</b> b. (Middle) <b>William</b> c. (Last) <b>Bear</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 23 1953</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>May 23, 1872</b>	9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Days <b>8</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Insurance Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-Lif Insurance</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Moorefield, Indiana</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Calvin Bear</b>	13b. MOTHER'S MAIDEN NAME <b>Millie Bain</b>	14. NAME OF HUSBAND OR WIFE <b>Ada Bowen Bear</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Rex Sloan-Marshall, Missouri</b>

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		
	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. <b>331X</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Jan 1952, to Jan 23, 1953, that I last saw the deceased alive on Jan 22, 1953, and that death occurred at 5:14 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>James C. Reed</b>	23b. ADDRESS <b>Marshall, Mo.</b>	23c. DATE SIGNED <b>1-23-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1/25/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ridge Park</b>
24d. LOCATION (City, town, or county) (State) <b>Marshall, Mo.</b>		

DATE REC'D BY LOCAL REG. <b>Jan 24-1953</b>	REGISTRAR'S SIGNATURE <b>Ridney F. Gray</b>	385	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. Leslie Swanson - Marshall, Mo.</b>
--	--	-----	--

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

MAR 12 1953

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

*J. Leelin Swamy*

Licensed Embalmer No. *3435*

P. O. Address *Marshall, Va*

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.