

No. 300
10-48

FILED FEB 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4561

State File No.

BIRTH NO. _____ REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 6209 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Perry</u>	c. LENGTH OF STAY (in this place) <u>6 mos.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Independence, Kansas</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>8150</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>PERRY</u> b. (Middle) <u>Willis</u> c. (Last) <u>SEARS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2 5 1953</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Mar. 22, 1865</u>	9. AGE (in years last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>13</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>La Plata, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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12a. FATHER'S NAME <u>James Sears</u>	13b. MOTHER'S MAIDEN NAME <u>Rebecca Banning</u>	14. NAME OF HUSBAND OR WIFE <u>Vernie</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give way or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Willis Willson</u>	ADDRESS <u>Houston, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>30 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza</u> DUE TO (c) <u>481X</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arteriosclerotic cardiovascular-vascular disease</u>		- unknown	
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)
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1-6, 1953, to 2-5, 1953, that I last saw the deceased alive on 1-15, 1953 and that death occurred, at 2:10 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Scott Kramer M.D.</u>	23b. ADDRESS <u>Houston, Mo.</u>	23c. DATE SIGNED <u>2-5-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>2-5-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rosedale</u>	24d. LOCATION (City, town, or county) (State) <u>Newbern Kansas</u>
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DATE REC'D BY LOCAL REG. <u>Feb. 7-53</u>	REGISTRAR'S SIGNATURE <u>Myrtie Craig 327</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Elliott Funeral Home</u>	ADDRESS <u>Houston, Mo.</u>
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(Licensed Embalmer's Statement 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 Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston, Tex

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.