

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4713

State File No. ....

No. 300  
10-48  
FEB 25 1953

REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 70

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

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Adair</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirkville</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirkville</b>	
c. LENGTH OF STAY (in this place) <b>2 days</b>		d. STREET ADDRESS (If rural, give location) <b>115 S. Baltimore</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Com. Nursing Home</b>			

3. NAME OF DECEASED (Type or Print) <b>William S. Shearer</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>2 14 53</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Feb. 27, 1884</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>janitor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>school</b>	9. AGE (In years last birthday) <b>68</b>
11. BIRTHPLACE (State or foreign country) <b>Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Calvin Shearer</b>		13b. MOTHER'S MAIDEN NAME <b>Virginia Turner</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Nellie Shearer</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>490-18-7177</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Nellie Shearer</b> ADDRESS <b>Kirkville, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Anoxia</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES		DUE TO (b) <b>Ventricular Tachycardia</b>		
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <b>Coronary Atherosclerosis &amp; Calcification</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Hypertension (Arterial)</b>		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>		20. AUTOPSY? YES <input checked="" 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 **May 7, 1952**, to **Feb 14, 1953**, that I last saw the deceased alive on **Feb 14, 1953**, and that death occurred at **11 A.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>David W. Boone M.D.</b>		23b. ADDRESS <b>Kirkville, Mo.</b>		23c. DATE SIGNED <b>2-16-53</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-16-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Maple Hills Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kirkville Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>2-17-53</b>		REGISTRAR'S SIGNATURE <b>Kate Lambert</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Robert Redman</b> ADDRESS <b>Kirkville, Mo.</b>	
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(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 Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Hicksville, 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.