

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **36562**

FILED NOV 13 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 4324 Registrar's No. 20-53

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
a. COUNTY <b>Miller</b>	b. CITY (If outside corporate limits, write RURAL and give township) <b>Tuscumbia</b>	a. STATE <b>Missouri</b>	b. COUNTY <b>Miller</b>
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>Tuscumbia</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>0</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>GEORGE</b>	b. (Middle) <b>WILLIAM</b>	c. (Last) <b>BEAR</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Nov. 6, 1953</b>
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<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>Jan. 27, 1879</b>	<b>9. AGE</b> (In years last birthday) <b>74</b>	<b>IF UNDER 1 YEAR</b> Months	<b>IF UNDER 24 HRS.</b> Days	<b>IF UNDER 24 HRS.</b> Hours	<b>IF UNDER 24 HRS.</b> Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Farmer and Stockman</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Rook, Co., Kansas</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
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<b>13a. FATHER'S NAME</b> <b>Andrew Bear</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Cynthia Ann Loveall</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Jennie Bear</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Jennie Bear</b>	<b>ADDRESS</b> <b>Tuscumbia, Mo.</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>Years</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Chronic Myocarditis</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>4222</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from July 1851, to Nov. 6, 1953, that I last saw the deceased alive on Nov. 6, 1953, and that death occurred at 5:50A m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>L. S. Humphreys, D.O.</b>	<b>23b. ADDRESS</b> <b>Tuscumbia, Mo.</b>	<b>23c. DATE SIGNED</b> <b>11-7-53</b>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>24b. DATE</b> <b>Nov. 8, 1953</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Mt. Zion</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Tuscumbia, Missouri</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>Nov. 7, 1953</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Mrs. Richard L. Wright</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Louis A. Phillips</b>	<b>ADDRESS</b> <b>Edson</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
70-48

JAN 3 1955

DEC 16 1954

NOV 20 1954

JUL 16 1954

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.....

Louis D. Phillips

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Louis D. Phillips*

Licensed Embalmer No. 3663

P. O. Address Eldon

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.