

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43297

State File No. _____

FILED JAN 5 1954

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>		Registrar's No. <u>475</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> COUNTY <u>JACKSON</u>			
b. CITY OR TOWN <u>Independence</u>		c. LENGTH OF STAY (in this place) <u>7 yrs</u>		c. CITY OR TOWN <u>Independence</u>		1205	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sanitarium</u>				d. STREET ADDRESS (If rural, give location) <u>1258 Franklin Drive</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lawrence</u>		b. (Middle) <u>H.</u>		c. (Last) <u>Stear</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 18, 1953</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Apr. 29, 1896</u>	
9. AGE (In years last birthday) <u>56</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Supervisor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Witte Engine Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Plumville, Penna.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Zeal Stear</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Glenn</u>		14. NAME OF HUSBAND OR WIFE <u>Viola Mae Stear</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>177-07-5820</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Viola M. Stear, Independence, Mo.</u> 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, asthma, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u></p> <p>ANTECEDENT CAUSES <u>The second one June 28, 1951</u></p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Coronary Sclerosis</u></p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS _____</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>				<p>INTERVAL BETWEEN ONSET AND DEATH <u>30 m</u></p> <p><u>2 years</u></p>	
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) <u>4201</u>			
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 <u>Jan 28, 1957</u> to <u>Dec 18, 1953</u> , that I last saw the deceased alive on <u>Dec 18, 1953</u> and that death occurred at <u>11:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. Allen M.D.</u>				23b. ADDRESS <u>Independence, Mo. 12-19-53</u>		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12/20/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>unknown</u>		24d. LOCATION (City, town, or county) (State) <u>Indiana, Penna.</u>	
DATE REC'D BY LOCAL REG. <u>12-20-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>354</u>		FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Independence, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

7-27-11 10:11

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. Vega E. Brown

Licensed Embalmer No. 4794

P. O. Address Independence

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.