

No. 300
10,448
04/10/54

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22797

State File No.

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

BIRTH NO. _____		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>3022</u>		Registrar's No. <u>71</u>	
1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethany</u>		c. LENGTH OF STAY (in this place) <u>1 mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>		d. STREET ADDRESS (If rural, give location) <u>do not know</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sullivan Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>do not know</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Henry</u>		b. (Middle)		c. (Last) <u>Shearer</u>	
4. DATE OF DEATH		(Month) <u>7</u>		(Day) <u>12</u>		(Year) <u>54</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>do not know</u>		8. DATE OF BIRTH <u>6-3-1862</u>	
9. AGE (in years)		Months <u>42</u>		If UNDER 1 YEAR Day <u>1</u>		If UNDER 1 HRS. Hour <u>9</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Street Car Conduct.</u>		11. BIRTHPLACE (State or foreign country) <u>Hadi, New Jersey</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John Shearer</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Henderson</u>		14. NAME OF HUSBAND OR WIFE <u>do not know</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Type, or, or unknown) (If yes, give war or date of service) <u>do not know</u>		16. SOCIAL SECURITY NO. <u>knows</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Gordon Fun. Home</u> ADDRESS <u>Chillicothe, Mo.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis 5 yrs.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				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) (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 <u>8/4</u> , 19 <u>53</u> , to <u>7/12</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>7/11</u> , 19 <u>54</u> , and that death occurred at <u>5:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Meriam Shearer MD - Bethany, Mo.</u>				23b. ADDRESS <u>Bethany, Mo.</u>		23c. DATE SIGNED <u>7/18/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7-12-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Gordon Fun. Home</u>		24d. LOCATION (City, town, or county) (State) <u>Chillicothe, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7/12/54</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M. B. ...</u>		ADDRESS <u>Bethany, Mo.</u>	

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 *MST Law*

Licensed Embalmer No. *3899*

P. O. Address *Bethany 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.