

STANDARD CERTIFICATE OF DEATH

State File No. 30135

FILED OCT 14 1954

BIRTH NO.

REG. DIST. NO. 77

PRIMARY REG. DIST. NO. 3016

Registrar's No. 292

1. PLACE OF DEATH a. COUNTY <i>Cole</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Cole</i>		
b. CITY (If outside corporate limits, write RURAL and give township) <i>Jefferson City</i>		c. LENGTH OF STAY (If this place) <i>Life</i>	c. CITY OR TOWN <i>Jefferson City</i>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>311 W Elm</i>			e. STREET ADDRESS (If rural, give location) <i>311 W Elm. 02670</i>		
3. NAME OF DECEASED (Type or Print) a. (First) <i>ANNA</i> b. (Middle) <i>WEAR</i> c. (Last) <i>WEAR</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Oct 9, 1954</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Oct 13, 1890</i>	9. AGE (In years last birthday) Months Days <i>63 11 26</i>	10. IF UNDER 1 YEAR Hours Min. <i>6 3 11 26</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <i>Jefferson City Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>Fred Heltinger</i>		13b. MOTHER'S MARDEN NAME <i>Edith L. Bessie</i>	14. NAME OF HUSBAND OR WIFE <i>Fred Wear</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Clara Lutz J.C. Mo</i>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.	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, asthenia, etc. It means the disease, injury, or complication which caused death.				INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pneumonia</i>				<i>20</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Leukemia</i> <i>4 mo</i>				<i>4 mo</i>
	DUE TO (c) <i>Cerebral hemorrhage</i> <i>4 mo</i>				<i>4 mo</i>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Fracture neck of femur</i> <i>16 mo</i>				<i>16 mo</i>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>331 X</i>				
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 <i>1953</i> to <i>Oct 9, 1954</i> , that I last saw the deceased alive on <i>Oct 9, 1954</i> , and that death occurred at <i>2:45</i> p.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <i>R. P. Norris, M.D. - R.R.</i>			23b. ADDRESS <i>Jefferson City Mo.</i>		23c. DATE SIGNED <i>10-12-54</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>10/12/54</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Resurrection</i>	24d. LOCATION (City, town, or county) (State) <i>Jefferson City Mo.</i>		
DATE REC'D BY LOCAL REG. <i>Oct 12-1954</i>	REGISTRAR'S SIGNATURE <i>R. P. Norris, M.D. - R.R.</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Sylvester Dulle J.C. Mo.</i>			

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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 7 1984

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.....
Signature of Student Embalmer

Signed.....
Sylvester Dull

Licensed Embalmer No. 432

P. O. Address *Jeffersonville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.