

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14606

State File No.

FILED JUN 7 1955

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 4033 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Amoret	c. LENGTH OF STAY (In this place) 35 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Amoret, Missouri <u>2270</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION none		d. STREET ADDRESS (If rural, give location) none	

3. NAME OF DECEASED (Type or Print) a. (First) Jasper	b. (Middle)	c. (Last) Mears	4. DATE OF DEATH (Month) (Day) (Year) 5-30-55
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11-11-1880	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith	10b. KIND OF BUSINESS OR INDUSTRY Blacksmith	11. BIRTHPLACE (State or foreign country) Denlow, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Jabe Mears	13b. MOTHER'S MAIDEN NAME Emiline Millsap	14. NAME OF HUSBAND OR WIFE Mrs. Vina Mears
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Vina Mears, Amoret, Mo.	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure		30 min.
	ANTECEDENT CAUSES *Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Auricular Fibrillation DUE TO Cardio-Vascular-Hepatic Syndrome		3 Hours
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio Sclerosis of Hypertension			10 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4331	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from July 11, 1944 to May 30, 1955, that I last saw the deceased alive on May 30, 1955, and that death occurred at 2:38 p.m., from the causes and on the date stated above.

23a. SIGNATURE W. D. Schubert, D.O.	23b. ADDRESS Amoret, Missouri	23c. DATE SIGNED 5-30-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-2-55	24c. NAME OF CEMETERY OR CREMATORY Benjamin Cemetery	24d. LOCATION (City, town, or county) (State) Bates Co., Missouri
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DATE REC'D BY LOCAL REG. 6-1-55	REGISTRAR'S SIGNATURE Randall Berry	25. FUNERAL DIRECTOR'S SIGNATURE Archer & Mangold	ADDRESS Amsterdam, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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 L. Mangold

Licensed Embalmer No. *4972*

P. O. Address *La Crosse, Wis*

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.