No. 300
10.48

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

FILED NOV 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32163

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3015 Registrar's No. 97

1. PLACE OF DEATH
a. COUNTY: Bates
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Butler
c. LENGTH OF STAY (In this place): 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Bates
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Westpoint Twp
d. STREET ADDRESS (If rural, give location): 00 70 0

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Jane
c. (Last): Lear

4. DATE OF DEATH (Month) (Day) (Year): October 31, 1955

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 2, 1904
9. AGE (In years last birthday): 51 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Duroc, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Henry C. Allen
13b. MOTHER'S MAIDEN NAME: Mattie Bybee
14. NAME OF HUSBAND OR WIFE: Howard Lear

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Howard Lear
ADDRESS: Amsterdam, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Generalized Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Pneumonia
DUE TO (c): Myocarditis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
4222

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug 19, 19 55, *to* Oct 31, 19 55, *that I last saw the deceased alive on* Oct 31, 19 55, *and that death occurred at* 7 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carter W. Luter M.D.
23b. ADDRESS: Butler Mo.
23c. DATE SIGNED: 11/1/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-3-55
24c. NAME OF CEMETERY OR CREMATORY: Mossy Cemetery
24d. LOCATION (City, town, or county) (State): Warsaw Mo.

DATE REC'D BY LOCAL REG.: 11-2-55
REGISTRAR'S SIGNATURE: Kendall Kersey
25. FUNERAL DIRECTOR'S SIGNATURE: Archer & Mangold
ADDRESS: Amsterdam, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 LaCygne, Kans.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.