

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36215**

FILED DEC 12 1955

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 103

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carrollton</u>		c. CITY OR TOWN <u>Dover</u>	d. In residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>4 days</u>		e. STREET ADDRESS (If rural, give location) <u>0547</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Fred</u>	b. (Middle) <u>-</u>	c. (Last) <u>Hearn</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 6, 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 2, 1875</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTH PLACE (City and State or Foreign Country) <u>Dover, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Not known</u>	13b. MOTHER'S MAIDEN NAME <u>Not known</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Centry</u>
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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) <u>unknown</u>	16. SOCIAL SECURITY NO. <u>500-03-4821</u>	17. INFORMANT'S SIGNATURE OR NAME <u>F.F. Temple Lexington Mo</u>	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of rt. femur (hip)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>senility -</u>		
	DUE TO (c) <u>9020</u> <u>21</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>12-2-55</u>	19b. MAJOR FINDINGS OF OPERATION <u>Multiple fragmented fracture rt. femur (trochanteric)</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>0547</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12 1 55 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Perch - fell from</u>
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22. I hereby certify that I attended the deceased from 12-2, 1955, to 12-6, 1955, that I last saw the deceased alive on 12-6, 1955 and that death occurred at 9:47 P.M., from the causes and on the date stated above.

23a. SIGNATURE (In green or blue ink) <u>Mr. Carl C. ...</u>	23b. ADDRESS <u>Carrollton Mo</u>	23c. DATE SIGNED <u>12-6-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12-7-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Machpelah Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Lafayette Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12/7/55</u>	REGISTRAR'S SIGNATURE <u>Miss Herbert Carter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley & Gibson</u>	ADDRESS <u>Carrollton Mo</u>
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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.....
Signature of Student Embalmer

Signed... *Ben W. Gibson*

Licensed Embalmer No. *296*

P. O. Address *Carroll*

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.