

FILED JAN 27 1956

State File No. ....

Registration District No. 222Primary Registration District No. 4333Registrar's No. 8

## 1. PLACE OF DEATH:

(a) County Moniteau Co  
 (b) City or town Rural Walker  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Rt # 1 Clarksburg, Mo  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 In this community..... Life (Specify whether  
 years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau  
 (c) City or town Rural 2680  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Rt # 1 Clarksburg, Mo  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country.....

3. (a) PRINTED FULL NAME Almyra Selena Dearing3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased Dec 25 1873  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 0 17 ..hr. ..min.9. Birthplace Moniteau Mo  
(City, town, or county) (State or foreign country)10. Usual occupation House Wife11. Industry or business Own Home

MOTHER FATHER { 12. Name William B. Reed  
 13. Birthplace Moniteau Mo  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Rebecca Sunday  
 15. Birthplace Moniteau Mo  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frances Britton  
(b) Address California Mo17. (a) Burial (b) Date thereof Jan 12 1956  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Flag Spring Cemetery18. (a) Signature of funeral director Earl Bonham  
(b) Address California, Mo19. (a) 1-12-56 (b) N L Popejoy  
(Date received local registrar) (Registrar's Signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11  
year 1956 hour 3 minute AM21. I hereby certify that I attended the deceased from 10-24-55  
12, 1955, to 12-11, 1955  
that I last saw her alive on 12-11-55, 1955;  
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Thrombosis CalverDue to Senescent ArteriosclerosisDue to 332XOther conditions.....  
(Include pregnancy within 3 months of death)Major findings:  
Of operations.....

Of autopsy.....

## PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....  
 (b) Date of occurrence.....  
 (c) Where did injury occur?..... (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature R B Fuller (M. D. or other) MD  
Address California Date signed 1-12-56

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**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Jack H. Bowlin*

Licensed Embalmer No.....

*4933*

P. O. Address.....

*California, U.S.A.*

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

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