

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27314

State File No. _____

FILED SEP 7 1956

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 149

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Prairie</u>	c. LENGTH OF STAY (in this place) <u>9 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>	
d. FULL NAME OF HOSPITAL (or INSTITUTION) <u>Jackson County Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>1409 N. High</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Cecil</u> b. (Middle) <u>Searles</u> c. (Last) <u>Searles</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 23 - 1956</u>		
--	--	--	---	--	--

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 10 - 1880</u>	9. AGE (In years last birthday) <u>76</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>	11. BIRTHPLACE (State or foreign country) <u>Decatur, Ills.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>James I. Sigman</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Reed</u>	14. NAME OF HUSBAND OR WIFE <u>James Searles</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert L. Snyder Rich Hill, Mo.</u>
--	-------------------------------------	--

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>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		
	DUE TO (c) <u>Arterio-sclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio-sclerosis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>332x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	--

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) (Min.)	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 8-14-1956, to 8-23-1956, that I last saw the deceased alive on 8-23-1956, and that death occurred at 4:40 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>David W. Warner, M.D.</u>	23b. ADDRESS <u>Jackson County Hospital</u>	23c. DATE SIGNED <u>8-24-56</u>
---	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	24b. DATE <u>8/25/1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Crematory</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>
--	----------------------------	---	--

DATE REC'D BY LOCAL REG. <u>8-24-1956</u>	REGISTRAR'S SIGNATURE <u>D. B. Langford</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo. C. Carson Independence, Mo.</u>
---	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

4830

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

Tom D. Markland

Licensed Embalmer No. 4592

P. O. Address Indep. Mo

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.