

STANDARD CERTIFICATE OF DEATH

FILED OCT 15 1956

BIRTH NO. _____ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 5799 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Monroe</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Madison (rural)</u>	c. LENGTH OF STAY (in this place) <u>20 yrs</u>	c. CITY OR TOWN <u>Madison, R R</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>XXXXXXXXXX</u>		f. STREET ADDRESS (If rural, give location) <u>rural</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Clarence</u> b. (Middle) <u>Edward</u> c. (Last) <u>Lohear</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-6-1956</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>married</u>	8. DATE OF BIRTH <u>4/9/1901</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
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13a. FATHER'S NAME <u>Edward Hestin Lohear</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Hanke</u>	14. NAME OF HUSBAND OR WIFE <u>Hattie Gertrude Nichols</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>no</u>	16. SOCIAL SECURITY NO. <u>489-42-4289</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Edward Lohear Madison, Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolism</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Spastic paraplegia</u>		<u>3 days.</u>
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (m.)	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 Oct 3, 1956, to Oct 6, 1956, that I last saw the deceased alive on Oct 3, 1956, and that death occurred at 8:30am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. R. Turner D.O.</u>	23b. ADDRESS <u>Madison, Mo.</u>	23c. DATE SIGNED <u>10/6/1956</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>10/8/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Madison Mo</u>
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DATE REC'D BY LOCAL REG. <u>10/8/56</u>	REGISTRAR'S SIGNATURE <u>Elsie Robertson</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Bert A. Thompson Madison Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

471-0

OCT 18 1950

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 *Mr. Fred G. Humphreys*.....

Licensed Embalmer No. *2283*

P. O. Address *Madison*.....

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.