

## STANDARD CERTIFICATE OF DEATH

State File No. **16147**

FILED JUN 11 1957

BIRTH NO. _____		REG. DIST. NO. <u>22</u>		PRIMARY REG. DIST. NO. <u>4043</u>		Registrar's No. <u>34</u>	
1. PLACE OF DEATH a. COUNTY <u>Bollinger</u> b. CITY OR TOWN <u>Marble Hill, Mo</u> c. LENGTH OF STAY (in this place) <u>30yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>home</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u> c. CITY OR TOWN <u>Marble Hill</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>0090</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT.</u> b. (Middle) <u>OWEN</u> c. (Last) <u>BEARE</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>6-1-57</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 4, 1874</u>	
9. AGE (In years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Piggott, Ark</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>				13a. FATHER'S NAME <u>Owen Beare</u>			
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>				14. NAME OF HUSBAND OR WIFE <u>Anna Lemons Beare</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Robert Beare</u> ADDRESS <u>Marble Hill</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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <u>Left cerebrovascular accident</u> ANTECEDENT CAUSES DUE TO (b) <u>cerebral arteriosclerosis</u> DUE TO (c) <u>generalized arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic Heart Disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>14 hours</u> <u>? yrs</u> <u>? yrs</u> <u>Arteriosclerotic Heart Disease</u>			
19a. DATE OF OPERATION <u>—</u>				19b. MAJOR FINDINGS OF OPERATION <u>331X-</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21a. ACCIDENT SUICIDE HOMICIDE <u>X</u> (Specify)			
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>X</u>				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>—</u> m.				21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR? <u>—</u>				22. I hereby certify that I attended the deceased from <u>8/1</u> , 19 <u>56</u> , to <u>6/1</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>6/1</u> , 19 <u>57</u> , and that death occurred at <u>10:15</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. Bruce M.D.</u>				23b. ADDRESS <u>Marble Hill, Mo.</u>			
23c. DATE SIGNED <u>6/4/57</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
24b. DATE <u>6-3-58</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Bollinger county Mem</u>			
24d. LOCATION (City, town, or county) (State) <u>Lutesville, Mo</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene Ward</u> ADDRESS <u>Lutesville, Mo</u>			
DATE REC'D BY LOCAL REG. <u>6/4/57</u>				REGISTRAR'S SIGNATURE <u>Mrs. Buford Crader</u>			
(Licensed Embalmer's Statement on Reverse Side)							

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

(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.....  
Signature of Student Embalmer

Signed.....

*R. O. Laine*

Licensed Embalmer No. *4538*

P. O. Address *Jackson, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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