

FILED OCT 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30860

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1071</u>								
1. PLACE OF DEATH a. COUNTY <u>BUCHANAN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>KANSAS</u> b. COUNTY <u>DONIPAHN</u>										
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. JOSEPH</u>		c. LENGTH OF STAY (In this place) <u>4 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL (BURR OAK TWN.)</u> <u>816</u>										
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH'S HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>R.F.D. 1, WATHENA</u>										
3. NAME OF DECEASED (Type or Print)			a. (First) <u>WILLIAM</u>			b. (Middle) <u>ELMER</u>			c. (Last) <u>BEAR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 27, 1957</u>		
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>SEPT. 21, 1873</u>		9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RET. FARMER</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>FARM OWNER</u>		11. BIRTHPLACE (State or foreign country) <u>NODAWAY COUNTY, MISSOURI</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>MARK BEAR</u>				13b. MOTHER'S MAIDEN NAME <u>REBECCA DALRYMPLE</u>				14. NAME OF HUSBAND OR WIFE <u>GEORGIE</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>MRS. GEORGE BEAR-WATHENA, KANSAS</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* (a) <u>Right lower lobe pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ <u>H93X</u> II. OTHER SIGNIFICANT CONDITIONS <u>Generalized arteriosclerosis with arteriosclerotic heart disease and cerebral vascular insufficiency.</u>								INTERVAL BETWEEN ONSET AND DEATH <u>5-6 days</u>		
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								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) m.				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 <u>Nov. 21, 1956</u> , to <u>Sept. 27, 1957</u> , that I last saw the deceased alive on <u>Sept. 27, 1957</u> , and that death occurred at <u>4:10P</u> m., from the causes and on the date stated above.														
23a. SIGNATURE <u>Barry G. Butler, Jr.</u> (Degree or title) <u>M.D.</u>						23b. ADDRESS <u>Physicians & Surgeons Bldg.</u> <u>St. Joseph, Missouri</u>				23c. DATE SIGNED <u>10/7/57</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>9/27/1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BELLEMONT CEMETERY</u>				24d. LOCATION (City, town, or county) (State) <u>WATHENA, KANSAS</u>						
DATE REC'D BY LOCAL REG. <u>Oct. 11, 57</u>		REGISTRAR'S SIGNATURE <u>Mrs. Robert Fulton</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>HARMAN FUNERAL HOME-WATHENA, KANSAS</u>								

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 15 1958

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 Charles M. Halman

Licensed Embalmer No. 4487

P. O. Address WATHENA, KANSAS

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.