

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004304
STATE FILE NUMBER

FILED FEB 17 1958

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>Adair</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirksville</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>K.O.H. Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Iowa</u> b. COUNTY <u>Appanoose</u> c. CITY OR TOWN <u>Moulton</u> d. STREET ADDRESS (If outside, give location) <u>814 1/2</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Emma</u> Middle <u>Belle</u> Last <u>Kearse</u>			4. DATE OF DEATH Month <u>Feb.</u> Day <u>8</u> Year <u>1958</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>			
8. DATE OF BIRTH <u>Feb 10, 1880</u>		9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR IF UNDER 24 HRS. Months <u>11</u> Days <u>28</u> Hours <u></u> Min. <u></u>			
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>Housewife</u>		11. BIRTHPLACE (City and state or country) <u>Schuyler Co., Mo</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>			13. FATHER'S NAME <u>J. H. Biles</u>				
14. MOTHER'S MAIDEN NAME <u>Lavera Lucas</u>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				
16. SOCIAL SECURITY NO.			17. INFORMANT <u>Herbert Kearse Coatsville MO</u> Address <u></u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive auricular failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Decompensated hypertensive heart disease at coronary artery disease</u> DUE TO (c) <u>Arteriosclerosis.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Diabetes mellitus</u>							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>							
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>			
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Hour <u></u> a. m. <u></u> p. m. <u></u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from <u>1-30-58</u> , to <u>2-8-58</u> and last saw her alive on <u></u> Death occurred at <u>9:40 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Wilson Lebo, M.D.</u> (Degree or title)				22b. ADDRESS <u>2 Kirkville Ost. Hosp. Kirbville, Mo.</u>			
22c. DATE SIGNED <u>2/11/58</u>							
23a. BURIAL-CREATION. REMOVAL (Specify) <u>Buried</u>		23b. DATE <u>Feb 10 - 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>LOOK</u>			
23d. LOCATION (City, town, or county) (State) <u>Glenwood MO</u>							
24. FUNERAL DIRECTOR ADDRESS <u>Norman Funeral Chapel Lancaster, Mo</u>			25. DATE RECD. BY LOCAL REG. <u>2-11-1958</u>		26. REGISTRAR'S SIGNATURE <u>Doris W. Ratliff</u>		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Novat E. Foster*

Licensed Embalmer No. *474*

P. O. Address *Suburban*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.