

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017601  
STATE FILE NUMBER

FILED MAY 19 1958 Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 39

S. 300  
1-57

002  
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All diseases in Part I must be causally related.

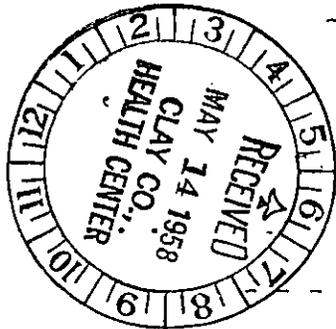
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Excelsior Springs, Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Bethel</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Veterans Administration <u>tion Hospital</u>		Length of stay in 1b <u>87 days</u>	d. STREET ADDRESS (If outside, give location) <u>- - -</u>
3. NAME OF DECEASED (Type or print) First <u>ELBERT</u> Middle <u>W.</u> Last <u>LEAR</u>		4. DATE OF DEATH Month <u>MAY</u> Day <u>2</u> Year <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 16, 1911</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction Co.</u>	11. BIRTHPLACE (City and state or country) <u>Shelby County, Missouri</u>
13a. FATHER'S NAME <u>Byron Lear</u>		13b. MOTHER'S MAIDEN NAME <u>Ida Moffett</u>	14. NAME OF HUSBAND OR WIFE <u>- - -</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW II</u>		16. SOCIAL SECURITY NO. <u>551 12 7431</u>	17. INFORMANT <u>VA Hospital records</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>Massive pulmonary hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Pulmonary tuberculosis, chronic, far advanced, active.</u>			<u>34 months</u>
DUE TO (c) <u>002 X</u>			<u>002 X</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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.) <u>- - -</u>	
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 WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>- - -</u>		20f. CITY, TOWN, OR LOCATION <u>- - -</u> COUNTY <u>- - -</u> STATE <u>- - -</u>	
21. <u>VA</u> attended the deceased from <u>February 4, 1958</u> to <u>May 2, 1958</u> and <u>was present at the death</u> Death occurred at <u>6:50</u> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>F. J. MANTELL, M.D., Acting Pathologist</u> (Degree or title) <u>0</u>		22b. ADDRESS <u>VA Hospital</u> <u>Excelsior Springs, Mo.</u>	22c. DATE SIGNED <u>5-2-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>5-2-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>	23d. LOCATION (City, town, or county) (State) <u>Bethel, Missouri</u>
24. FUNERAL DIRECTOR <u>Prichard Funeral Home, Inc.</u> <u>Excelsior Springs, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>5/5/58</u>	26. REGISTRAR'S SIGNATURE <u>Baroline Hutchings</u>

(Embalmer's Statement on Reverse Side)

MAY 8 1958

OCT 9 1958



MAY 19 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 .....

Signature of Student Embalmer

Signed *Lindell Jarman*

Licensed Embalmer No. *4589*

P. O. Address *Excelsior*

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.