

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018185

STATE FILE NUMBER

FILED JUN 11 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2608

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) Walnut Nursing Home		Length of stay in lb 4 1/2 yrs.	d. STREET ADDRESS (If outside, give location) 3909 Windsor Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last ALVIN JASON BEAR HEARD			4. DATE OF DEATH Month Day Year May-22-1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov-12-1883
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) minister		10b. KIND OF BUSINESS OR INDUSTRY Methodist Church Nevada, Missouri	11. BIRTHPLACE (City and state or country) U.S.A.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME James Bearhead	13b. MOTHER'S MAIDEN NAME Pucinda Ann French
14. NAME OF HUSBAND OR WIFE Grace Maude Bearhead		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None
17. INFORMANT Leta Welch Embody		Address 203 n. K.C. Mo. Monroe	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocarditis failure DUE TO (b) congestive heart failure DUE TO (c) arteriosclerosis DUE TO (c) 5-essility PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 5 days 10 yrs 8 yrs
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Address 4221	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) No	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. No		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) No	
20e. CITY, TOWN, OR LOCATION COUNTY STATE No		20f. CITY, TOWN, OR LOCATION COUNTY STATE No	
21. I attended the deceased from Death occurred at May 20, 1958 and last saw her alive on May 22, 1958 m on the date stated above; and to the best of my knowledge, from the causes stated.		21. I attended the deceased from Death occurred at May 20, 1958 and last saw him alive on May 22, 1958 m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) M. B. Casebolt M.D.		22b. ADDRESS 4000 Patterson	
22c. DATE SIGNED 5/23/58		22c. DATE SIGNED 5/23/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-24-1958	23c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cem.	23d. LOCATION (City, town, or county) Kansas City, Mo.
24. FUNERAL DIRECTOR C. H. Blackman & Son Inc.		ADDRESS K.C. Mo.	25. DATE RECD. BY LOCAL REG. 5-23-58
26. REGISTRAR'S SIGNATURE Neva Minshall		26. REGISTRAR'S SIGNATURE Neva Minshall	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

M. B. Casebolt

(Licensed Embalmer's Statement on Reverse Side)

STATE OF MISSISSIPPI



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 Bert B. Benne

Licensed Embalmer No. 4656
P. O. Address H. C. ...

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.