

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-022073

STATE FILE NUMBER

2935

FILED JUL 11 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY: (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Osteopathic Hospital</b>		Length of stay in lb <b>49 years</b>	STREET ADDRESS (If outside, give location) <b>35 East 53rd St. Terr.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>MR. CLARENCE DeWITT SEARS</b>			4. DATE OF DEATH Month Day Year <b>June 9, 1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 8, 1879</b>		9. AGE (In years last birthday) <b>79</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Organist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Music</b>		11. BIRTHPLACE (City and state or country) <b>New York</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13a. FATHER'S NAME <b>Charles DeWitt Sears</b>		
13b. MOTHER'S MAIDEN NAME <b>Estelle Bell</b>			14. NAME OF HUSBAND OR WIFE <b>Carolyn Sears</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>486-36-6077</b>		17. INFORMANT Address <b>Mrs. Eleanor Allison Quivira Lake</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Failure</b>					INTERVAL BETWEEN ONSET AND DEATH <b>immediate</b>
DUE TO (b) <b>Generalized Toxemia</b>					<b>1 Week</b>
DUE TO (c) <b>Metastatic Carcinoma (Prostate Gland)</b>					<b>One Year</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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 <b>May 30</b> to <b>June 8-58</b> and last saw him alive on <b>June 9-1958</b> Death occurred at <b>June 9-1958</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>H. LaHue D.D.</b>			22b. ADDRESS <b>5811 Truman Rd</b>		22c. DATE SIGNED <b>6-9-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		23b. DATE <b>June 10, 1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>D. W. Newcomer's Sons</b>	
23d. LOCATION (City, town, or county) <b>Kansas City,</b>		(State) <b>Missouri</b>			
24. FUNERAL DIRECTOR <b>Stine &amp; McClure Und. Co., K.C., Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>6-10-58</b>		26. REGISTRAR'S SIGNATURE <b>Neva Marshall</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Temp & chgd by  
at 10:15 a.m. 6/9/58  
JH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

All diseases in Part I must be causally related.

H. LaHue



*Handwritten scribble or signature*

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 *J. J. Walters* .....

Licensed Embalmer No. *2244* .....  
P. O. Address *K.C. 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.