S. No. 300
v. 10.48

FILED OCT 22 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036772
State File No.

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 222

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Prairie Twp
c. LENGTH OF STAY (in this place): 64 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 Mi. W. Greenwood, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Rural-Prairie
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 1 Mi. W. Greenwood, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Arch
b. (Middle): Lee
c. (Last): Sears

4. DATE OF DEATH (Month) (Day) (Year): Sept. 15, 1958

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept.12,1894
9. AGE (In years last birthday): 64 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dist. Supt.
10b. KIND OF BUSINESS OR INDUSTRY: County Hi-Way
11. BIRTHPLACE (City and State or Foreign Country): Lee's Summit, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Thomas Sears
13b. MOTHER'S MAIDEN NAME: Mary Jane ---------
14. NAME OF HUSBAND OR WIFE: Prunella Sears

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service): ---------
16. SOCIAL SECURITY NO.: 493-22-0898
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Prunella Sears, Greenwood, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Emphysema — 10 yrs
DUE TO (c) Bronchectasis — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: 5271
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 21, 1954, *to* Oct 15, 1958, *that I last saw the deceased alive on* Oct 15, 1958, *and that death occurred at* 3:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: William F. Bell
(Degree or title): M.D.
23b. ADDRESS: Lee's Summit, Mo
23c. DATE SIGNED: Oct 16, 1958

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct.17,1958
24c. NAME OF CEMETERY OR CREMATORY: Lee's Summit Cemetery
24d. LOCATION (City, town, or county) (State): Lee's Summit, Missouri

DATE REC'D BY LOCAL REG.: Oct. 17-1958
REGISTRAR'S SIGNATURE: N. B. Langsford
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Langsford Funeral Home, Lee's Summit Mo.
(Licensed Embalmer's Statement on Reverse Side)

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

83

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed M B Langsford Jr

Licensed Embalmer No. 383

P. O. Address Fort Dum

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