

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Urban

58-038563

STATE FILE NUMBER

FILED OCT 17 1958 Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 185

300

1-57

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>SIXESTON</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>RURAL</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>SHUFFIT NURS. HOME</u>		Length of stay in lb <u>4 AMO</u>	d. STREET ADDRESS (If outside, give location) <u>R7D# 2</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>EARNEST</u> Last <u>LEAR</u>			4. DATE OF DEATH Month <u>9</u> Day <u>25</u> Year <u>1958</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>OCT 9 1885</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HORSE TRAINER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (City and state or country) <u>SHELDON MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>FELIX FLEMMING</u>	13b. MOTHER'S MAIDEN NAME <u>ABBIE MCGREW</u>	14. NAME OF HUSBAND OR WIFE <u>SYLVIA</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT <u>HURLEY LEAR - SIXESTON MO R7D2</u> Address
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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>Acute pyelitis ?</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 WEEKS</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>6000</u>		
DUE TO (c) <u>Gen. arterio sclerosis with c.v.a. & left hemiplegia</u>		

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) <u>—</u>
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20c. TIME OF INJURY Hour <u>—</u> Month <u>—</u> Day <u>—</u> Year <u>—</u> a.m. <u>—</u> p.m. <u>—</u>	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.) <u>—</u>	20f. CITY, TOWN, OR LOCATION <u>SIXESTON</u>	COUNTY <u>SCOTT</u>	STATE <u>MO</u>
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21. I attended the deceased from <u>9-1-58</u> to <u>9-25-58</u> and last saw ^{her} him alive on <u>9-24-58</u> Death occurred at <u>9:05 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>E.D. Urban, M.D.</u> (Degree or title)	22b. ADDRESS <u>Sixeston</u>	22c. DATE SIGNED <u>10-8-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>9-28-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>PLEASANT RIDGE</u>	23d. LOCATION (City, town, or county) (State) <u>ALDRICH MO</u>
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24. FUNERAL DIRECTOR <u>Welch Funeral Home - Sixeston Mo</u>	ADDRESS <u>—</u>	25. DATE RECD. BY LOCAL REG. <u>10-10-58</u>	26. REGISTRAR'S SIGNATURE <u>Marcella Hunter</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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DATE RECEIVED 10-13-58
SCOTT CO. HEALTH DEPT.
CO. FILE No. 1058-236

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 Raymond Crews

Licensed Embalmer No. 3467
P. O. Address Liberton, 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.