

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039669

STATE FILE NUMBER

FILED DEC 15 1958

Registration District No. 133 Primary Registration District No. 4368 Registrar's No. 158

5. 300
1. -57

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cainsville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Cainsville</u> <u>040</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb <u>75 years</u>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Freddie</u> Middle <u>Oliver</u> Last <u>Bears</u>			4. DATE OF DEATH Month <u>December</u> Day <u>11</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 20, 1881</u>		9. AGE (In years last birthday) <u>77</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u>	11. BIRTHPLACE (City and state or country) <u>Brown County Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Lyman E. Bears</u>		13b. MOTHER'S MAIDEN NAME <u>Elvira Booth</u>		14. NAME OF HUSBAND OR WIFE <u>Nelcie May Bears</u>	
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>None</u>	17. INFORMANT <u>Nelcie May Bears</u> Address <u>Cainsville, Mo.</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>Cerebral Apoplexy</u>					INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) <u>Hypertensive Cardio-Vascular-Renal Disease</u>					<u>15 years</u>
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>442 X</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.) -----		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			-----		
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 --	
21. I attended the deceased from <u>7/11/57</u> to <u>12/11/58</u> and last saw <u>him</u> alive on <u>11/15/58</u> Death occurred at <u>3:25 A. M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Bethany Clatney</u> (Degree or title) <u>D.O., 2</u>			22b. ADDRESS <u>Bethany, Missouri.</u>		22c. DATE SIGNED <u>12-11-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Final</u>		23b. DATE <u>Dec. 13, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cain Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>RFD Cainsville, Mo.</u>
24. EMPLOYER'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Cainsville, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>12-12-58</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

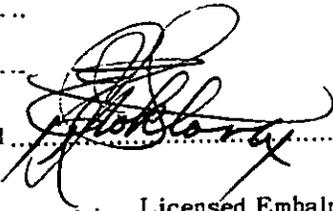
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.
If necessary, the cause of death must be stated in item 18. No symptoms will be listed.

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* Eddie J. Stoklasa....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 3602.....
P. O. Address Cainsville, 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.