

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043646

STATE FILE NUMBER

FILED JAN 6 1959 Registration District No. 098 Primary Registration District No. Registrar's No. 127

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| 1. PLACE OF DEATH a. COUNTY Daviness | | 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) OR TOWN Jameson | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Kansas City 3480 |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION -- | | Length of stay in lb 3 Months | d. STREET ADDRESS (If outside, give location) 3721 Broadway |
| | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Middle Last Alan Michael Bear | | | 4. DATE OF DEATH Month Day Year 12-21-58 | | |
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| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 8-14-54 | 9. AGE (In years last birthday) 4 | 10. FUNDER 1 YEAR Months Days | 11. IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (City and state or country) Kansas City, Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME James Willard Bear | 13b. MOTHER'S MAIDEN NAME Marie Curtis | 14. NAME OF HUSBAND OR WIFE -- |
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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) None | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Mrs. Marie Curtis Bear | Address 3721 Broadway |
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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) Post Measles encephalitis | | INTERVAL BETWEEN ONSET AND DEATH 6 Mo |
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| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Spastic quadriplegia | |

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| 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.) |
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| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | 20d. INJURY OCCURRED WHILE AT WORK <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 |
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| 21. Attended the deceased from 2/29/58 to 12/21/58 and last saw him alive on 12/17/58 Death occurred at 7:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title) Edward Owen M.D. | 22b. ADDRESS Patton Mo | 22c. DATE SIGNED 12/26/58 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 12-23-1958 | 23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery | 23d. LOCATION (City, town, or county) (State) Pattonburg, Mo. |
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| 24. FUNERAL DIRECTOR Louisquest | ADDRESS Pattonburg, Mo. | 25. DATE RECD. BY LOCAL REG. 12-31-58 | 26. REGISTRAR'S SIGNATURE Vigie M Engelhart |
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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

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 *Louis J. [Signature]*

Licensed Embalmer No. *4096*

P. O. Address *Fattonshung*

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.