

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004522

STATE FILE NUMBER

FILED FEB 16 1959

Registration District No. 37 Primary Registration District No. 4049 Registrar's No. 6

300
1-57

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUN Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Centralia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Centralia <u>0100</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 Residence		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 418 South Rollins Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last John Thomas Lear			4. DATE OF DEATH Month Day Year Feb. 11 1959		
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5. SEX Male	6. COLOR OR RACE Caucasian	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 2, 1876	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 9 Days 9	IF UNDER 24 HRS. Hours 9 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Interior Decorator	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) near Monroe City, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Marvin Lear	13b. MOTHER'S MAIDEN NAME Eudora Maston	14. NAME OF HUSBAND OR WIFE Dewey Lear
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name, rank, unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. (490-01-9338)	17. INFORMANT Address Mrs. John T. Lear, Centralia, Mo.
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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) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 3 days
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)		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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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. I attended the deceased from 29 May 1953 to 11 Feb. 1959 and last saw ^{him} alive on 11 February 1959
Death occurred at 3:25 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>L. Ladance, M.D.</i> (Degree or title) L. Ladance, M.D.	22b. ADDRESS Centralia, Missouri	22c. DATE SIGNED 2-13-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 13, '59	23c. NAME OF CEMETERY OR CREMATORY Sunset Hill	23d. LOCATION (City, town, or county) (State) Madison, Mo.
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24. FUNERAL DIRECTOR <i>Bill E. Nash</i> Address Centralia, Missouri	25. DATE RECD. BY LOCAL REG. Feb. 13th 1959	26. REGISTRAR'S SIGNATURE <i>Maud Mc Bride</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

vector, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

FEB 20 1958

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 *Bill J. Meador*
Licensed Embalmer No. *4876*
P. O. Address *Central, Missouri*

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.