MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-000725
STATE FILE NUMBER

FILED VS FEB 14 1961

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 15

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY Cooper
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Boonville — Length of stay in 1b 26 Yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) At home, 212 Morgan St — Inside Limits Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cooper
c. CITY OR TOWN Boonville — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 212 E. Morgan St. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First: Clarence Middle: Marshall Last: Shearer
4. DATE OF DEATH Month: February Day: 4 Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married X Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Oct. 29, 1894
9. AGE (last birthday): 66 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoe worker (Retired)
10b. KIND OF BUSINESS OR INDUSTRY: Shoe Factory
11. BIRTHPLACE (City and state or country): Boone County, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Gordon Shearer
13b. MOTHER'S MAIDEN NAME: Josie Kent.
14. NAME OF HUSBAND OR WIFE: Kathryn Rodgers Shearer
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.
17. INFORMANT: Mrs. Clarence M. Shearer, Address Boonville, Mo.

MEDICAL CERTIFICATION

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 occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) myocarditis
DUE TO (c) arteriosclerosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Oct 1960, to Feb 4, 1961 and last saw ~~her~~ him alive on 1-28-61
Death occurred at 5:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE T C Beckett (Degree or title) MD
22b. ADDRESS Boonville Mo
22c. DATE SIGNED 2-6-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Feb. 6, 1961
23c. NAME OF CEMETERY OR CREMATORY Walnut Grove
23d. LOCATION (City, town, or county) (State) Boonville, Missouri.

24. FUNERAL DIRECTOR Goodman & Boller, ADDRESS Boonville, Mo.
25. DATE REC'D. BY LOCAL REG. 2/6/61
26. REGISTRAR'S SIGNATURE D. S. Hooper

(Licensed Embalmer's Statement on Reverse Side)

MAR 7 1967

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_____ Signed William N. Wood
Signature of Student Embalmer

Licensed Embalmer No. 4539

P. O. Address Boonville, 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.