

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19655

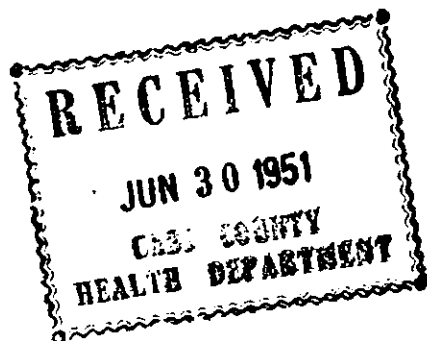
State File No.

FILED JUL 2- 1951

BIRTH NO.		REG. DIST. NO. <u>59</u>		PRIMARY REG. DIST. NO. <u>5232</u>		Registrar's No. <u>69 0190</u>	
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>Cass</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Union Township</u>		c. LENGTH OF STAY (in this place) <u>61 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Union Township</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 mi North east Cleveland</u>				d. STREET ADDRESS <u>3 mi N. E. of Cleveland MO.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Emma</u>		b. (Middle) <u>—</u>		c. (Last) <u>Sears</u>	
4. DATE OF DEATH		(Month) <u>June</u> (Day) <u>19</u> (Year) <u>1951</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec. 21-1865</u>	
9. AGE (last birthday) <u>85</u>		IF UNDER 1 YEAR Months Days		IF UNDER 1 MRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House work</u>		11. BIRTHPLACE (State or foreign country) <u>Cass Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Fredrick Wall</u>		13b. MOTHER'S MAIDEN NAME <u>Arminia Gaurtney</u>		14. NAME OF HUSBAND OR WIFE <u>James H Sears</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J.A. Sears</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>—</u>			
22. I hereby certify that I attended the deceased from <u>6/17</u> , 19 <u>51</u> , to <u>6/17</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>6/17</u> , 19 <u>51</u> , and that death occurred at <u>8 a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Martin V. Rabbinis, M.D.</u> (Degree or title)				23b. ADDRESS <u>Pacific, MO</u>		23c. DATE SIGNED <u>6/19/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-21-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Moriah</u>		24d. LOCATION (City, town, or county) (State) <u>South of Kansas City MO</u>	
DATE REC'D BY LOCAL REG. <u>June 25, 1951</u>		REGISTRAR'S SIGNATURE <u>Dora Barnard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.E. Myers</u>		ADDRESS <u>Cleveland MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed Geo. F. Myers
Student Embalmer No.

Licensed Embalmer No. 2517

P. O. Address Cleveland 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 this body is not embalmed, fact should be so stated above.