OURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ENT OF PUBLIC HEALTH AND WELFARE

-61-040072
STATE FILE NUMBER

AMENDED

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 146

FILED DEC 11 1961

1. PLACE OF DEATH
a. COUNTY: Bates
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Butler
Length of stay in 1b: 3 da
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Bates Co. Memorial
Inside Limits: Yes [x] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY: Bates
c. CITY OR TOWN: Butler
Inside Limits: Yes [x] No [ ]
d. STREET ADDRESS (If outside, give location): 501 W Ft Scott
Reside on Farm: Yes [ ] No [x]

3. NAME OF DECEASED (Type or print): First: MARY Middle: EDNA Last: O REAR

4. DATE OF DEATH: Month: Nov. Day: 25 Year: 1961

5. SEX: female

6. COLOR OR RACE: W.

7. Married [x] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: 8/27/1886

9. AGE (last birthday): 75
IF UNDER 1 YEAR: Months 2 Days 28
IF UNDER 24 HR: Hours – Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): homemaker

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (City and state or country): Bethany Missouri

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Nelson Kinion

13b. MOTHER'S MAIDEN NAME: Sarah Fail

14. NAME OF HUSBAND OR WIFE: RObert S ORear

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.: none

17. INFORMANT: R S ORear Address: Butler Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	acute ventricular failure	24 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Congestive heart disease	14 mo.
DUE TO (c)	systemic hypertension	10 years

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 [x]

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 Mar. 1940, to Nov. 25 '61 and last saw her alive on Nov. 25-61
Death occurred at 8PM. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): L. D. Laffoon, M.D.

22b. ADDRESS: Butler Missouri

22c. DATE SIGNED: 11/29/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 11/28/61

23c. NAME OF CEMETERY OR CREMATORY: Oakhill

23d. LOCATION (City, town, or county) (State): Butler Missouri

24. FUNERAL DIRECTOR ADDRESS: Culver Underwood Butler Mo.

25. DATE RECD. BY LOCAL REG.: 12-5-61

26. REGISTRAR'S SIGNATURE: Norma Jean Wilson, Acting Local Registrar

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. | SHOULD READ | INSTEAD OF | BY AFFIDAVIT OF | DOCUMENT

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 John G Underwood
Signature of Student Embalmer

Licensed Embalmer No. 3585

P. O. Address Butler 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.