

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 224

Primary Registration District No. 3046

Registrar's No.

FILE NUMBER 9027790

FILED AUG 13 1964

## 1. PLACE OF DEATH

a. COUNTY

Moniteau

b. CITY (If outside corporate limits, give TOWNSHIP only)

California, Mo

Length of stay in lb

6 Days

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Latham Hospital

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Moniteau

c. CITY OR TOWN California, Mo

Inside Limits  
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)  
Prairie Home Star Rt

Reside on Farm  
Yes ☒ No ☐

## 3. NAME OF DECEASED

(Type or print)

First Stella

Middle Leona

Last Dearing

4. DATE OF DEATH

Month Aug 8 1964

## 5. SEX

Female

## 6. COLOR OR RACE

White

## 7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

7/16/83

## 9. AGE (last birthday)

81

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

House wife

## 11. KIND OF BUSINESS OR INDUSTRY

Own Home

## 12. BIRTHPLACE (City and state or country)

Moniteau Co

## 13. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

George Logan Scott

## 13b. MOTHER'S MAIDEN NAME

Sarah Allee

## 14. NAME OF HUSBAND OR WIFE

Henry Dearing

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
No

## 16. SOCIAL SECURITY NO.

488-42-9339

## 17. INFORMANT

Henry Dearing-California, Mo

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

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Cerebral Hemorrhage

### 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)

Diabetes Mellitus

### 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

Death occurred at

1954 to Aug 8, 1964 and last saw her alive on Aug 8, 1964  
5:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

8/10/64

## 23c. NAME OF CEMETERY OR CREMATORY

City Cemetery

## 23d. LOCATION (City, town, or county)

California, Mo

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Bowlin Funeral Home-California, Mo

## 25. DATE REC'D BY LOCAL REG.

8/11/1964

## 26. REGISTRAR'S SIGNATURE

Henry Dearing

AUG 22 1961

### 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

*Jack H. Boclin*

Licensed Embalmer No. 4933

P. O. Address California, 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.