

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Filed APR 22 1942

Registration District No. 26

Primary Registration District No. 3002

Registrar's No. 35

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

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town Mexico city
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Audrain County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7
(Specify whether years, months or days)

In this community 7
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 004

(c) City or town Vandalia
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John W. Beedle

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex male 0 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Janie Beedle

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased: April 22 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>24</u>	<u>84</u>	<u>10</u>	<u>13</u>	hr. min.

9. Birthplace: Ashley Pike Co. 0 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER { 12. Name unknown

13. Birthplace 9
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant Allen Beedle

(b) Address Vandalia, Missouri

17. (a) burial (b) Date thereof Mar 9 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vandalia, Mo.

18. (a) Signature of funeral director W.S. Waters

(b) Address Vandalia, Mo

19. (a) 3-5-1942 (b) Margaret B. Macken
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5
year 1942 hour 6:00 minute A M.

21. I hereby certify that I attended the deceased from Feb 26 1942 to March 5 1942
that I last saw him alive on March 4 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic pneumonia

Due to General arteriosclerosis

Due to Fracture of femur, right

Other conditions: Hypertrophied prostate gland
Schistocytes
Thrombocytopenia, left
Hydrocele, right

Major findings: none

Of operations 16 16

Of autopsy 16

Duration: _____

PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident (pre- 004)

(b) Date of occurrence disposing factor 2/25/42

(c) Where did injury occur? Vandalia Audrain Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home, on farm

While at work? no (Specify type of place) Fell D
(c) Means of injury

23. Signature H. Brasher (M. D. or other) M.D.
Address Mexico, Mo Date signed 3/5/42

FEB 20 1945

RECEIVED

District Health Officer No. 10

District File Number 4-16-851

Date Filed APR 16 1942

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed Wm B Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia, 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.