

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

**REC'D MAR 8 1939**

**6194**  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County Cedar  
 (b) Township E. Washington  
 (c) City Humansville, Mo.

Registration District No. 165  
 Primary Registration District No. 5-234  
 Registered No. 5  
 (d) Street No. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** 460 Shirley Ann Beeler

(a) Residence, No. \_\_\_\_\_ St. ☐ (Usual place of abode, if no street address, write county or city)  
 (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 1, 1936  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
2 3 25  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Humansville, MO.

FATHER 13. NAME L. K. Beeler  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar County, Mo.

MOTHER 15. MAIDEN NAME Gertrude Holley  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT L K Beeler  
 (ADDRESS) Humansville Mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Hickory Grove DATE Jan. 28 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. C. Davis & Co.

20. FILED Feb 26 1939 Mrs D A Brown  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 26, 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 18 1939 to Jan 22 1939  
 I last saw him alive on Jan 22 1939. Death is said to have occurred on the date stated above, at 11:00 a.m.  
 The principal cause of death and related causes of importance were as follows:

Pneumo-Pneumonia ✓ Date of onset \_\_\_\_\_  
 Other contributory causes of importance: \_\_\_\_\_  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify Preston Oterred M. D.  
 (Signed) Humansville Mo  
 (Address) 156

1274

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**STATEMENT BY LICENSED EMBALMER**

**NOT EMBALMED**

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.....

Licensed Embalmer No. ....

P. O. Address.....

**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, above space should be left blank.**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

6194

Do not use this space.

1. PLACE OF DEATH

(a) County Cedar  
(b) Township Washington  
(c) City

Registration District No. 165  
Primary Registration District No. 3234

Registered No. 5

(d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number) St.

(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Shirley Ann Beeler St. ☐  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS 2 MONTHS 3 DAYS 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-26, 1939

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on , 19 to , 19 Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia Date of onset

Other contributory causes of importance:

Acute Laryngitis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Preston Sterrett, M. D.

(Address) Humansville mo

