

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2041

Registration District No. 183

Primary Registration District No. 4109

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Christian

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian

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

(d) Street No. L
(If rural, give location)

(e) If foreign born, how long in U. S. A. L years.

3. (a) PRINT FULL NAME John Thomas Beverage

8. (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5
year 1940 hour 8 minute 15 P. M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Anna Beverage (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Feb. 7 - 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 3 1940, 19 Jan 5 1940 that I last saw him alive on Jan 5 1940 and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
| | <u>66</u> | <u>10</u> | <u>28</u> | hr. _____ min. _____ |

Immediate cause of death Diagnosis of heart
Bad Coroid. Vessel of renal kind
has heart 1938. Also Renal
Due to embolus seen March 1908
but would have reperfused
and would not have caused
gangrene of right foot

Duration _____

Other conditions _____
(Include pregnancy within 3 months of death)

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

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER

12. Name Tom Beverage

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

14. Maiden name Sarah Bledsoe

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

Major findings: _____

Of operations X 54

Of autopsy X

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

16. (a) Informant _____
(b) Address Ann Beverage Nixa, Mo.

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

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

17. (a) Burial (b) Date thereof Jan. 7 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation M. C. Connell Cem.

18. (a) Signature of funeral director J. W. ...
(b) Address Clever, Mo.

While at work? _____ (Specify type of place) (c) Means of injury _____

19. (a) Jan. 10, 1940 (b) Eda W. Hawker's
(Date received local registrar) (Registrar's signature)

23. Signature M. B. Nassau (M. D. or other)
Address Nixa, Mo. Date signed 1/6/40

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

22
3
0

RECEIVED

District Health Officer No. 6,

District File Number 240-408

Date Filed FEB 12 1940

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 J. W. Maples

Licensed Embalmer No. 2985

P. O. Address Clever 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, above space should be left blank.