

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 10619

Registration District No. 171

Primary Registration District No. 4160

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Chariton  
(b) City or town Keytesville  
(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) 2  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community all her life years, months or days

3. (a) PRINT FULL NAME MARY ELIZABETH BEARDEN 635

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife George Washington Bearden 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 8<sup>th</sup> 1859  
(Month) (Day) (Year)

8. AGE: Years 80 Months 10 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housekeeper

11. Industry or business none

12. Name John Bearden

13. Birthplace not known (City, town, or county) A (State or foreign country)

14. Maiden name not known

15. Birthplace not known (City, town, or county) A (State or foreign country)

16. (a) Informant's own signature Jim Gay

(b) Address Keytesville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 22<sup>nd</sup> 1940 (Month) (Day) (Year)

(c) Place: burial or cremation at home

18. (a) Signature of funeral director John J. Bennett

(b) Address Keytesville Mo.

19. (a) 3 13 140 (Date received local registrar) (b) Mar Roy Fambree (Registered signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Chariton  
(c) City or town Keytesville (If outside city or town limits, write "RURAL")  
(d) Street No. 0 (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21<sup>st</sup> year 1940 hour 11 minute 25<sup>th</sup> M.

21. I hereby certify that I attended the deceased from January 17, 1940, to March 21, 1940 that I last saw her alive on March 20, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia Duration 2 days

Due to Apoplexy 4 days

Due to ek Myocarditis Smithsonian

Other conditions (Include pregnancy within 3 months of death) 93°C

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? 156i

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Carl C. Heger (M. D. or dentist)

Address Keytesville, Mo. Date signed 3/23/40

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X1951

RECEIVED  
District Health Officer No. 8  
District File Number  
Date Filed  
N-9-10

**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.....

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.**