

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. **7076**

BIRTH NO.		REG. DIST. NO. 323		PRIMARY REG. DIST. NO. 6099		Registrar's No. 61	
1. PLACE OF DEATH a. COUNTY Schuyler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Schuyler			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Prairie		c. LENGTH OF STAY (In this place) 18 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Prairie		8	
d. FULL NAME OF HOSPITAL OR INSTITUTION -				d. STREET ADDRESS (If rural, give location) near Queen city Mo.			
3. NAME OF DECEASED (Type or Print)		a. (First) WILLIAM		b. (Middle) RUBEN		c. (Last) BEER BOWER	
4. DATE OF DEATH		(Month) Feb.		(Day) 22		(Year) 49	
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH Aug. 1, 1880	
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) saw mill operator		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) Schuyler Co. Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Samuel F. Beerbower		13b. MOTHER'S MAIDEN NAME Alice J. Wright		14. NAME OF HUSBAND OR WIFE -	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME H. G. Beerbower		ADDRESS Queen City, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia - ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Debility DUE TO (c) Cholecystectomy II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Aug. 21, 1948, to Feb. 22, 1949, that I last saw the deceased alive on Feb. 22, 1949, and that death occurred at 7:00 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) R. H. Bradley D.O.		23b. ADDRESS Queen City, Mo.		23c. DATE SIGNED 2/23/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 24, 1949		24c. NAME OF CEMETERY OR CREMATORY Ingers Cemetery		24d. LOCATION (City, town, or county) (State) Queen City Mo.	
DATE REC'D BY LOCAL REG. 2-24-49		REGISTRAR'S SIGNATURE Mrs. A. J. Drake		FURNERAL DIRECTOR'S SIGNATURE Wm. H. Nelson		ADDRESS Queen City, Mo.	
(Licensed Embalmer's Statement on Reverse Side)							

RECEIVED

District Health Officer

District File Number 24

Date FEB 2 8 194

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 self

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. 2882

P. O. Address Quincy

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.