

FILED MAR 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9321

1 2 202

BIRTH NO. _____ REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 4358 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY New Madrid			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri COUNTY New Madrid		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lilbourn		c. LENGTH OF STAY (In this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lilbourn		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1			d. STREET ADDRESS (If rural, give location) 0		
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) E. c. (Last) Beavers			4. DATE OF DEATH (Month) (Day) (Year) March 15 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 1 1892		9. AGE (In years last birthday) 56 IF UNDER 1 YEAR: Months 4 Days 11 IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Kewanee, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Charles Beavers		13b. MOTHER'S MAIDEN NAME Katie Bell		14. NAME OF HUSBAND OR WIFE Lue Beavers	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lue Beavers Lilbourn, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis, chronic DUE TO (c) Pulmonary Infection II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1949				INTERVAL BETWEEN ONSET AND DEATH 8 hrs.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 1949				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 14 March, 1949 , to 15 Mar, 1949 , that I last saw the deceased alive on 14 March, 1949 , and that death occurred at 8 45 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Louis Smith M.D.			23b. ADDRESS New Madrid Mo		23c. DATE SIGNED 18 Mar 49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 17 1949	24c. NAME OF CEMETERY OR CREMATORY Mounds Park		24d. LOCATION (City, town, or county) (State) Lilbourn, Missouri	
DATE REC'D BY LOCAL REG. March 19 1949	REGISTRAR'S SIGNATURE H. L. Ponder Deputy		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ponder Funeral Home Lilbourn, Mo.		

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

RECEIVED

District Health Office No. 2

District File Number 349-40

Date Filed 3-21-4

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed Harmer L. Ponder

Signed.....
Student Embalmer

Licensed Embalmer No. 3367

P. O. Address Lilbourn, 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.