

FILED JUN 6 1949

DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15183

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>5-8</u>		PRIMARY REG. DIST. NO. <u>5216</u>		Registrar's No. <u>17</u>	
1. PLACE OF DEATH a. COUNTY <u>Carter</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Carter</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fremont p.t.</u>				c. LENGTH OF STAY (In this place) <u>19 yrs.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Own Home</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fremont</u>			
				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) <u>Lillie Alice Beaver</u>				b. (Middle)		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>May 22 49</u>							
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>6-22-1891</u>	
9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Month _____ Day _____		IF UNDER 1 YEAR Month _____ Day _____		IF UNDER 1 YEAR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY _____			
11. BIRTHPLACE (State or foreign country) <u>Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Sam Herren</u>				13b. MOTHER'S MAIDEN NAME <u>Carline Counce</u>		14. NAME OF HUSBAND OR WIFE <u>LeB. Beaver</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____	
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>uterine carcinoma</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>18 mo.</u> <u>1.74X</u>			
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) (Min.) _____		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 <u>4-11</u> , 19 <u>47</u> , to <u>5-22</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>5-21</u> , 19 <u>49</u> , and that death occurred at <u>2:25</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Frank J. Pienkhi, D.O.</u>				23b. ADDRESS <u>Van Buren Mo.</u>		23c. DATE SIGNED <u>5-26-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>5-24-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Light</u>		24d. LOCATION (City, town, or county) (State) <u>Carter Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 27-49</u>		REGISTRAR'S SIGNATURE <u>Mrs. Ota Henson</u>		50		25. FUNERAL DIRECTOR'S SIGNATURE <u>Seaton Pewell</u> ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5/31/49
District Health Officer No. 8,
District File Number 649409
Date Filed 6/3/49

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 Chas. S. Hewitt

Signed.....
Student Embalmer

Licensed Embalmer No. 4574

P. O. Address Van Buren, 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.