

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 3 1949

No. 300
10.48

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

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <u>DUNKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>DUNKLIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KENNETT</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KENNETT</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>910 WHITNEY</u>		d. STREET ADDRESS (If rural, give location) <u>910 Whitney</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) <u>CLARICCA</u> c. (Last) <u>BEARDSLEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 21 1949</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>OCTOBER 20, 1867</u>
9. AGE (In years last birthday) <u>81</u>		10. MONTHS <u>7</u>	11. DAYS <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (State or foreign country) <u>TROY, INDIANA</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>AUSTIN DUNN</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH HOWARD</u>	
14. NAME OF HUSBAND OR WIFE <u>RILEY BEARDSLEY</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. E. G. Anderson</u> ADDRESS <u>M. C. Clergy Washington</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
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) <u>CORONARY THROMBOSIS.</u> INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPER. TENSION. WETH.</u>			
DUE TO (c) <u>ARTERIOSCLEROSIS</u> <u>10 years</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) (Min.)		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 <u>May 20, 1949</u> , to <u>May 21, 1949</u> , that I last saw the deceased alive on <u>May 20, 1949</u> , and that death occurred at <u>4 A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Anna C. Gibbons D. A. Bennett</u>		23b. ADDRESS <u>910</u>	
23c. DATE SIGNED <u>5-23-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5-23-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Kennett MO</u>	
DATE REC'D BY LOCAL REG. <u>May 23, 1949</u>		REGISTRAR'S SIGNATURE <u>Carl Husbard</u> ADDRESS <u>Emerson San Jouchard, Diki.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	

RECEIVED

District Health Office No. 2,

District File Number 549 617

Date Filed 5-31-49

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.

Student _____
Student Embalmer

Signed Tom V. Emerson

Licensed Embalmer No. 895

P. O. Address Jonesboro, Arkansas

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.