

FILED JUL 9 1949

STANDARD CERTIFICATE OF DEATH

State File No. 18592

BIRTH NO. 39757-49 REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 164

1. PLACE OF DEATH a. COUNTY <u>Boone</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		c. LENGTH OF STAY (in this place) <u>1</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		10 <u>2</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>21 Switzer St.</u>			d. STREET ADDRESS (If rural, give location) <u>21 Switzer St.</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>RONNIE</u> b. (Middle) <u>BEVERLY</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>6-28-1949</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>infant</u>	8. DATE OF BIRTH <u>6-12-1949</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min. <u>16</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Columbia Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Leon Beverly</u>		13b. MOTHER'S MAIDEN NAME <u>Lola Mae Strick</u>	14. NAME OF HUSBAND OR WIFE		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nannie Brown Columbia Mo.</u>			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Dysrhythmia</u> ANTECEDENT CAUSES <u>Diagnosed with 6 hours before death</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None</u> DUE TO (c)			MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			048X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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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)
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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?
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22. I hereby certify that I attended the deceased from 6-27, 1949 to June 28, 1949, that I last saw the deceased alive on June 27, 1949, and that death occurred at 6 A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. K. Schmitt MD.</u>	23b. ADDRESS <u>Columbia, Mo.</u>	23c. DATE SIGNED <u>6-29-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-29-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Galvary</u>	24d. LOCATION (City, town, or county) (State) <u>Columbia, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>June 30 49</u>	REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stuart L. Parker Columbia, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

District File Number _____
District Health Officer No. 9,
RECEIVED JUL 6 1919

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ^{not} by me, or by

^x
Student Embalmer No. _____

working under my personal supervision.

Signed _____

Stuart P. Parker

Signed _____
Student Embalmer

Licensed Embalmer No. *2900*

P. O. Address *Columbia, 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.