

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 702

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>702</u>											
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Greene</u>													
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (in this place) <u>40 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		39											
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2147-N. Summit</u>				d. STREET ADDRESS (If rural, give location) <u>2147-N. Summit,</u>													
3. NAME OF DECEASED (Type or Print) a. (First) <u>BERTIE</u>			b. (Middle)		c. (Last) <u>BEASLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-8-49</u>										
5. SEX <u>F</u>		6. COLOR OF RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>2-8-1909</u>		9. AGE (In years last birthday) <u>40</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 4 HRS. Hours		IF UNDER 15 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>		11. BIRTHPLACE (State or foreign country) <u>Springfield Mo</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Charley Brown</u>				13b. MOTHER'S MAIDEN NAME <u>Hattie Putman</u>				14. NAME OF HUSBAND OR WIFE <u>Percy Beasley</u>									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Percy Beasley-2147 N. Summit</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>sudden.</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension, mod. severe 6 mo.</u> DUE TO (c) <u>7/19</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Menopause, mod. severe asymptomatic.</u> <u>6 mo.</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>March</u> , 19 <u>49</u> to <u>Aug</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>15 June</u> , 19 <u>49</u> , and that death occurred at <u>9 A</u> m., from the causes and on the date stated above.																	
23a. SIGNATURE <u>Hans E. Knab M.D.</u> (Degree or title)						23b. ADDRESS <u>1630 W. Jefferson Springfield Mo</u>				23c. DATE SIGNED <u>10 Aug 49.</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-11-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hazlewood</u>				24d. LOCATION (City, town, or county) (State) <u>Springfield Mo</u>									
DATE REC'D BY LOCAL REG. <u>8-11-49</u>		REGISTRAR'S SIGNATURE <u>W. E. Handley</u>				25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Herbert V. Smith Springfield</u>											

(Licensed Embalmer's Statement on Reverse Side)

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

**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 *Herbert J. Smith*

Licensed Embalmer No. *4286*

P. O. Address *Springfield 7*

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.