

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36777

State File No. _____

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

FILED NOV 28 1949

BIRTH NO: 71137-49 REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 143

1. PLACE OF DEATH a. COUNTY <u>Kennett</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Kennett</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. LENGTH OF STAY (In this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		35 0
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dunnell Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>Rural # 2</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anita</u> b. (Middle) <u>Ann</u> c. (Last) <u>Beaird</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 19-1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>X</u>	8. DATE OF BIRTH <u>Oct 19-1949</u>		9. AGE (In years last birthday) <u>1</u> if UNDER 1 YEAR Days <u>1</u> if UNDER 2 Hrs. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>X</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Dunnell Hospital Kennett Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>James M. Beaird</u>		13b. MOTHER'S MAIDEN NAME <u>Thelma Jewetta Harris</u>		14. NAME OF HUSBAND OR WIFE <u>X</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>X</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James M. Beaird Kennett Mo.</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>Aspiration Pneumonia</u> ANTECEDENT CAUSES Morbid 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>8 days</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>11-11</u> , 1949, to <u>11-19</u> , 1949, that I last saw the deceased alive on <u>11-17</u> , 1949, and that death occurred at <u>5:00 a. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Joe A. Zimmerman, M.D.</u>		23b. ADDRESS <u>Kennett, Missouri</u>		23c. DATE SIGNED <u>11-19-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 20-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>McCullah Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Kennett Rural Mo.</u>		
DATE REC'D BY LOCAL REG. <u>11-19-1949</u>	REGISTRAR'S SIGNATURE <u>Earl H. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>90 Ruth ...</u>		ADDRESS <u>Kennett, Mo.</u>	

RECEIVED NOV 21 1949

District Health Office No. 2

District File Number 1149-11

Date Filed _____

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No.

P. O. Address _____

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.