

FILED FEB 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 202

BIRTH NO.		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 107
1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. LENGTH OF STAY (In this place) 30 days		
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Meth Hospital		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph 0117 d. STREET ADDRESS (If rural, give location) 412 Middleton St.		
3. NAME OF DECEASED (Type or Print) a. (First) Otis		b. (Middle)		c. (Last) Bear Beard
4. DATE OF DEATH Jan. 6, 1950				
5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 8, 1882	9. AGE (In years last birthday) 67
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman		10b. KIND OF BUSINESS OR INDUSTRY Pearl Nu-Way		11. BIRTHPLACE (State or foreign country) Savannah, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Chas Beard		13b. MOTHER'S MAIDEN NAME unk		14. NAME OF HUSBAND OR WIFE Carrie (deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY (If yes, give war or dates of service) 491-09-0872		17. INFORMANT'S SIGNATURE OR NAME Mrs Marietta Sanders ADDRESS K.C. Kans
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis 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. Senile Arteriosclerosis INTERVAL BETWEEN ONSET AND DEATH 4 days 332X Unknown		
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) 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 Jan. 3, 1950, to Jan. 6, 1950, that I last saw the deceased alive on Jan 6, 1950, and that death occurred at 8PM m., from the causes and on the date stated above.				
23a. SIGNATURE L. R. Howden (Degree or title) M.D. 0		23b. ADDRESS Kirkpatrick Bldg. St. Joseph, Missouri		23c. DATE SIGNED 1-9-1950
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 8, 1950		24c. NAME OF CEMETERY OR CREMATORY unk
24d. LOCATION (City, town, or county) Stewartsville, Mo.				
DATE REC'D BY LOCAL REG Feb. 3, 1950		REGISTRAR'S SIGNATURE G. C. Jenkins 382		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Barry Funeral Home St. Joseph, Mo

(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 Victor J. Barry

Licensed Embalmer No. 4212

P. O. Address St Joseph 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.