

FILED JAN 12 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 563

BIRTH NO. _____		REG. DIST. NO. 73		PRIMARY REG. DIST. NO. 2291		Registrar's No. 3	
1. PLACE OF DEATH a. COUNTY <b>Clay</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>			
b. CITY (If outside corporate limits: write RURAL and give town or township) <b>Rural Liberty</b>			c. LENGTH OF STAY (in this place) <b>14 yrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Liberty</b>			0240
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>IOOF. Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>IOOF. Home</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b>			b. (Middle) <b>R.</b>	c. (Last) <b>Beiley</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 5-50</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>		8. DATE OF BIRTH <b>Jan. 26-1861</b>		9. AGE (In years last birthday) <b>88</b> IF UNDER 1 YEAR <b>11</b> Months <b>9</b> Days IF UNDER 4 HRS. <b>9</b> Hours <b>0</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>unknown</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Kentucky</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>David Beiley</b>			13b. MOTHER'S MAIDEN NAME <b>Malissa Atchinson</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>IOOF. Home Record</b> ADDRESS <b>Liberty Mo.</b>		
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) <b>Senility</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <b>arteriosclerosis</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  <b>7 years</b>  <b>4500</b>
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)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>July, 1949</b> to <b>Jan, 1950</b> , that I last saw the deceased alive on <b>1/5/50</b> , 19 <b>50</b> , and that death occurred at <b>8:45 P.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Wm. H. Goodson M.D.</b>			23b. ADDRESS <b>Liberty Mo.</b>			23c. DATE SIGNED <b>1/6/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan. 7-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>IOOF. Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Liberty Mo.</b>		
DATE REC'D BY LOCAL REG. <b>JAN 7. 50</b>		REGISTRAR'S SIGNATURE <b>Minnie Haynes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>George Owen Co. Liberty Mo.</b>		ADDRESS	

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

RECEIVED JAN 9  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 1-11-50

**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 Harold D. Smith

Licensed Embalmer No. 4575

P. O. Address Liberty, Md.

**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.