

FILED MAY 12 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11894  
State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>32</u>	PRIMARY REG. DIST. NO. <u>5112</u>	Registrar's No. <u>42</u>
1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>BOLLINGER</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GEOPOLD</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GEOPOLD</u> <u>0090</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GEOPOLD, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>NONE</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>BEUSSINK</u> c. (Last) <u>BEUSSINK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 2, 1950</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>DEC. 8, 1871</u>	9. AGE (In years last birthday) <u>78</u> IF UNDER 1 YEAR Months <u>4</u> Days <u>24</u> IF UNDER 12 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOE.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (State or foreign country) <u>HOBAND</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>JOHN BANDEWE</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>JOHN BEUSSINK</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Ym. no. or unknown) <u>No</u> (If ym. give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>JOHN BEUSSINK</u> ADDRESS <u>GEOPOLD, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarct</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u> 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>7824</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) 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>2/4</u> , 19 <u>44</u> , to <u>5/1</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>5/1/50</u> , 19 <u>50</u> , and that death occurred at <u></u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>John Miras</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Lutesville Mo</u>	23c. DATE SIGNED <u>5/3/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5-4-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOHN'S CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>GEOPOLD Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 3, 1950</u>	REGISTRAR'S SIGNATURE <u>Willie Van Amburgh</u> <u>25</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>BAKER FUNERAL HOME</u> ADDRESS <u>LUTESVILLE, MO.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

MAY 10 1950

DISTRICT HEALTH OFFICE No. 4

File No. 250-679

**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.

Signed \_\_\_\_\_

*J. E. Graham*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.