

STANDARD CERTIFICATE OF DEATH

State File No. 14265

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>3059</u>		Registrar's No. <u>139</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Francois County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bonne Terre</u>		c. LENGTH OF STAY (In this place) <u>2 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Knoblick</u>		<u>0940</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Rural</u>					
3. NAME OF DECEASED (Type or Print) <u>Wiley</u>		a. (First)		b. (Middle) <u>Edmund</u>		c. (Last) <u>Beard</u>			
4. DATE OF DEATH <u>April 10, 1950</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>11/11/1879</u>		9. AGE (In years last birthday) <u>70</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>			
11. BIRTHPLACE (State or foreign country) <u>St. Francois County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>N. C. Beard</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Layne</u>			
14. NAME OF HUSBAND OR WIFE <u>MAGGIE Amanda Layne HICKS</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Wiley Beard, Knoblick, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronch. Pneumonia</u>				ANTECEDENT CAUSES				<u>6 days</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Baemiphagia</u>				<u>12 days</u>	
DUE TO (c) <u>Arteriosclerosis</u>				II. OTHER SIGNIFICANT CONDITIONS				<u>?</u>	
Conditions contributing to the death but not related to the disease or condition causing death.				<u>Hypertensive cardiovascular disease</u>				<u>321X</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)		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>4-8</u> <u>1950</u> , to <u>4-10</u> , 1950, that I last saw the deceased alive on <u>4-10</u> , 1950, and that death occurred at <u>10 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Wm. W. Taylor M.D.</u>				23b. ADDRESS <u>Bonne Terre, Mo.</u>		23c. DATE SIGNED <u>4-10-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/13/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fredericktown Christian Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fredericktown, Mo.</u>			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Apr. 13, 1950</u>		REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Cozean Funeral Home</u>		ADDRESS <u>Farmington, Mo.</u>			

(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED

APR 17 1950

DISTRICT HEALTH OFFICE No. 4

File No. 450-573

MAY 17 1950

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 _____

C. J. Cozear

Licensed Embalmer No. 4084

P. O. Address Farmington, 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.