

FILED JUN 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21212

4435 State File No.  
5005 Registrar's No. 8

BIRTH NO. _____		REG. DIST. NO. 293		PRIMARY REG. DIST. NO. 5005		Registrar's No. 8			
1. PLACE OF DEATH a. COUNTY <i>Ralls</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Ralls</i>					
b. CITY (If outside corporate limits, write RURAL and give township) <i>New London</i>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <i>New London</i>		d. STREET ADDRESS (If rural, give location)			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS					
3. NAME OF DECEASED (Type or Print) <i>JULIA DELIA BESHEARS</i>			a. (First) <i>JULIA</i> b. (Middle) <i>DELIA</i> c. (Last) <i>BESHEARS</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>June 4 1950</i>			
5. SEX <i>Female</i>		6. COLOR OR RACE <i>white</i>		7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>April 25 1872</i>			
9. AGE (In years last birthday) <i>78</i>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Pike Co Missouri</i>			
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Peter Arnett</i>		13b. MOTHER'S MAIDEN NAME <i>Alcester McCotton</i>		14. NAME OF HUSBAND OR WIFE <i>William Beshears</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Maggie Bogue Frankford Mo</i>					
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) <i>Myocardial Compensation</i> ANTECEDENT CAUSES <i>Ascites</i> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Heart failure</i> DUE TO (c) <i>Paralysis from stroke</i>				INTERVAL BETWEEN ONSET AND DEATH <i>4-7-78</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>No operations.</i>				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 <i>May 31, 1950</i> to <i>not later</i> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>Thos. A. Wood M.D.</i>				23b. ADDRESS <i>New London</i>		23c. DATE SIGNED <i>6-6-50</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>June 6 1950</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Fairview</i>		24d. LOCATION (City, town, or county) (State) <i>Frankford Mo.</i>			
DATE REC'D BY LOCAL REG. <i>June 7, 50</i>		REGISTRAR'S SIGNATURE <i>H. P. Waters</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Fields &amp; Son</i>		ADDRESS <i>Frankford Mo.</i>			

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

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RECEIVED JUN 19 1950  
District Health Officer No. 10  
District File Number 6-50-1016  
Date Filed JUN 20 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed: Jane Fields Megaw

Licensed Embalmer No. 4092

P. O. Address Shankford 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.