

STANDARD CERTIFICATE OF DEATH

State File No. **26018**

FILED AUG 30 1950

BIRTH NO. _____ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **223**

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

1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. LENGTH OF STAY (In this place) 40 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		d. STREET ADDRESS (If rural, give location) 511 Park Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 511 Park Ave				d. STREET ADDRESS (If rural, give location) 511 Park Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) ABE		b. (Middle) BEVERLY		c. (Last) BEVERLY		4. DATE OF DEATH (Month) (Day) (Year) Aug-18-1950	
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH About 1868	
9. AGE (In years last birthday) About 82		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF WIFE OR WIFE Susie Beverly	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Susie Beverly ADDRESS Columbia Mo.			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Right heart failure ANTECEDENT CAUSES Chronic myocarditis DUE TO (b) Arteriosclerosis DUE TO (c) Atrial fibrillation II. OTHER SIGNIFICANT CONDITIONS Arteriosclerosis Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3	
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) 4221			
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 view at coroner , 19___, to ___ 19___, 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 (Name or title) Harry M. Griffith, M.D. Coroner				23b. ADDRESS Columbia Mo.		23c. DATE SIGNED 8-23-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 21-1950		24c. NAME OF CEMETERY OR CREMATORY Rock Bridge		24d. LOCATION (City, town, or county) (State) Boone Co. Mo.	
DATE REC'D BY LOCAL REG. Aug. 23 1950		REGISTRAR'S SIGNATURE Mrs R.E. Palmer		31		25. FUNERAL DIRECTOR'S SIGNATURE Stuart Parker ADDRESS Columbia Mo.	

RECEIVED 8-29-50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Dated 8-29-50

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, _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Stuart P. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia, 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.