

FILED SEP 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

30157

0411
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BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY <u>HARRISON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>IOWA</u> b. COUNTY <u>DECATUR</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BETHANY</u>		c. LENGTH OF STAY (In this place) <u>3 MONTH</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEON</u>		6140
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SULLIVAN REST HOME</u>			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>Olive</u> c. (Last) <u>Beardsley</u>			4. DATE OF DEATH <u>7-2-50</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>AUG 11, 1868</u>	9. AGE (In years last birthday) <u>82</u>	1 YEAR - # UNDER 1 HR. <u>5</u> Hours Mln.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>CLARKE CO. IOWA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>W.W. Potts</u>		13b. MOTHER'S MAIDEN NAME <u>SUSAN HARDY</u>		14. NAME OF HUSBAND OR WIFE <u>JACOB B. BEARDSLEY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Dorothy Seitz</u> ADDRESS <u>Wagon Grove</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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) <u>Arterio Sclerosis</u> <u>2 weeks</u>		
			DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>4201</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>June 10, 1950</u> to <u>Sept 12, 1950</u> , that I last saw the deceased alive on <u>Sept 11, 1950</u> , and that death occurred at <u>1:00 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Miriam Leach MD</u> (Degree or title)			23b. ADDRESS <u>Bethany Mo</u>		23c. DATE SIGNED <u>9/12/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9-15-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LEON CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>LEON IOWA</u>	
DATE REC'D BY LOCAL REG. <u>9/14/50</u>	REGISTRAR'S SIGNATURE <u>Zola Burris</u> 116 6		25. FUNERAL DIRECTOR'S SIGNATURE <u>John C. Stewart</u> ADDRESS <u>Leon Iowa</u>		

(Licensed Embalmer's Statement on Reverse Side)

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



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

John C. Stewart

Licensed Embalmer No. *4422*

P. O. Address *Lebanon, Iowa*

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.