

FILED OCT 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32770

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>5136</u>		Registrar's No. <u>407</u>			
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Butler</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harviell Rural</u>		c. LENGTH OF STAY (in this place) <u>9 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harviell</u>		0120			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Beaver Dam Twp</u>				d. STREET ADDRESS (If rural, give township and county) <u>Route 1 - Box 227</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rosa</u>			b. (Middle) <u>Beardson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 8 1950</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>ca.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>2-9-1905</u>	9. AGE* (16 years last birthday) <u>45</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.	
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>Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Jim Folley</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Ray Beardson</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Ray Beardson - Harviell, Mo</u>		ADDRESS _____			
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>Carcinoma of uterus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>general edema</u> DUE TO (c) <u>cardiac</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>2 years</u> <u>174X</u>	
19a. DATE OF OPERATION <u>operation</u>		19b. MAJOR FINDINGS OF OPERATION <u>Exploratory several weeks before death</u>							
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>Dec 1949</u> , to <u>Oct 8, 1950</u> , that I last saw the deceased alive on <u>Dec 1950</u> , and that death occurred at <u>11:40 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>H. E. Whitcomb</u> (Degree or title)				23b. ADDRESS <u>Harviell Mo</u>		23c. DATE SIGNED <u>10/11/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-15-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Conlay Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Harviell Mo</u>				
DATE REC'D BY LOCAL REG. <u>Oct 14 1950</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> 428		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ray G. B. Ross - Toplar Bluff</u>					

(Licensed Embalmer's Statement on Reverse Side)

276

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

300
48

RECORDED

OCT 17 1990

BUTLER CO. HEALTH CENTER

FILE No. 1050-436

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 Fred J Smith
Licensed Embalmer No. 4408

P. O. Address Septon, M

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.