

FILED NOV 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37671

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 180

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Livingston Co.</u>	
b. CITY OR TOWN <u>Chillicothe</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>419 HERRIMAN ST.</u>		d. STREET ADDRESS (If rural, give location) <u>419 HERRIMAN, ST.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Beronic</u> b. (Middle) _____ c. (Last) <u>Black</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-15-50</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Apr-3-79</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, if retired) <u>Housewife</u>		9b. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (In years last birthday) <u>71</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Brunswick MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Unknown</u>	
13b. MOTHER'S MAIDEN NAME <u>Rosa Patterson</u>		14. NAME OF HUSBAND OR WIFE <u>Osceola E. Black</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ben Longshore</u> ADDRESS <u>Chillicothe 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</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) <u>Chillicothe</u> (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 1, 1950</u> , to <u>Nov-15, 1950</u> , that I last saw the deceased alive on <u>Nov-14, 1950</u> , and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>D. Collier, M.D.</u> (Degree or title)		23b. ADDRESS <u>Chillicothe MO</u>	
23c. DATE SIGNED <u>Nov-18-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-18-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>North Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Chillicothe MO</u>	
DATE REC'D BY LOCAL REG. <u>Nov-18-50</u>		REGISTRAR'S SIGNATURE <u>Frances B. Neale</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Beckett</u> ADDRESS <u>Chillicothe</u>		_____	

#3227 mo

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

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0592



**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..... *E. Beckett*

Licensed Embalmer No. 3227

P. O. Address. *Chillicothe*

**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.