

FILED JAN 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 928

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>Henny</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Wheatland</u> <u>0436</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Watzel Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>S.W. Part of Wheatland</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Edgar</u>		b. (Middle) <u>Lamar</u>		c. (Last) <u>Beets</u>	
4. DATE OF DEATH		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	
8. DATE OF BIRTH <u>Aug - 7 - 1901</u>		9. AGE (In years last birthday) <u>49</u>		10. MONTHS <u>5</u>		11. DAYS <u>9</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Edgum Springs, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>J. E. Beets</u>		13b. MOTHER'S MAIDEN NAME <u>Mattie Beets</u>		14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, & unknown) (If yes, give war or dates of service) <u>unknown</u>	
16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clyde Beets</u>		18. ADDRESS <u>Wheatland, Mo.</u>		19. MEDICAL CERTIFICATION	
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) <u>Hemorrhage from Liver</u>		INTERVAL BETWEEN ONSET AND DEATH			
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Tubercular infection</u>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input 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) (Min.)		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>1-13</u> , 19 <u>51</u> , to <u>1-14</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1-13</u> , 19 <u>51</u> , and that death occurred at <u>1:30 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edgar Beets</u>		23b. ADDRESS <u>200 2 Clinton Mo.</u>		23c. DATE SIGNED <u>Jan 14 51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-14-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Gardner Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wheatland, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan-14-51</u>		REGISTRAR'S SIGNATURE <u>Flourner</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Adair Wilk</u>		ADDRESS <u>Wheatland, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 1-22-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 1-22-51

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

Licensed Embalmer No.

P. O. Address

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.