

FILED APR 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7433

BIRTH NO. _____		REG. DIST. NO. <u>2</u>		PRIMARY REG. DIST. NO. <u>4021</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY <u>Audrain</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Laddonia, Mo.</u> c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laddonia, Mo. (Res)</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Laddonia, Mo.</u> d. STREET ADDRESS (If rural, give location) <u>Laddonia, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Onie</u> b. (Middle) <u>Hampton</u> c. (Last) <u>Beal</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 2 1951</u>		5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Sept. 9 1868</u>		9. AGE (In years last birthday) <u>82</u>		10. IF UNDER 1 YEAR Months <u>6</u> Days <u>33</u>	
11. BIRTHPLACE (State or foreign country) <u>High Hill, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>George W. Hampton</u>		13b. MOTHER'S MAIDEN NAME <u>Emma J. Diggs</u>	
14. NAME OF HUSBAND OR WIFE <u>Grant Beal</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Garth Beal-Slater, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Heart Disease</u> DUE TO (c) _____ 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>1 day</u> <u>5 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☐		4201	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>Jan</u> , 19 <u>46</u> , to <u>April 1</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>April 6</u> , 19 <u>51</u> , and that death occurred at <u>8 A</u> m., from the causes and on the date stated above.		23a. SIGNATURE <u>R. B. Price</u> (Degree or title)	
23b. ADDRESS <u>Laddonia, Mo.</u>		23c. DATE SIGNED <u>4-6-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 6, 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Laddonia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Laddonia, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Martha Kemmer Wilbur</u>		25. ADDRESS <u>Brentsford Laddonia, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-6-51</u>		REGISTRAR'S SIGNATURE <u>Martha Kemmer Wilbur</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Brentsford Laddonia, Mo.</u>		25. ADDRESS <u>Brentsford Laddonia, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 26 1951

130

Date Received: APR 9 1951
DISTRICT HEALTH OFFICE #2
District File Number 4-57-678
Date Filed: APR 9 1951

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 Clyde C. Wiley

Licensed Embalmer No. 3820

P. O. Address Perry 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.