

FILED APR 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12037

State File No. _____

BIRTH NO. 4-3-51 REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 5343 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-North Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-North Twp</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>2 Mi N.E. of Arcola, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>At Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MARY</u>	b. (Middle) <u>McCLELLAN</u>	c. (Last) <u>BEASLEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 6, 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>Feb. 3, 1865</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>1</u>	IF UNDER 12 HRS. Hours <u>3</u>
-------------------------	----------------------------------	--	---	--	---------------------------------------	---------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of preceding life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Plattsburg, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	--	--	--

13a. FATHER'S NAME <u>Thomas Simmons</u>	13b. MOTHER'S MAIDEN NAME <u>Louise Sloan</u>	14. NAME OF HUSBAND OR WIFE
---	--	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Chas. F. Beasley, Arcola, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH <u>days</u> <u>months</u> <u>89040</u> <u>24</u>
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	DUE TO (b) <u>Fracture left hip</u>		
DUE TO (c)			
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 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 11-24, 1950, to 1-12, 1951, that I last saw the deceased alive on 1-12, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm B Richter MD</u>	(Degree or title)	23b. ADDRESS <u>J. Hooker Tr. No.</u>	23c. DATE SIGNED <u>3-7-51</u>
--	-------------------	--	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/7/51</u>	24c. NAME OF CEMETERY OR REPOSITORY <u>Gum Springs</u>	24d. LOCATION (City, town, or county) (State) <u>Cedar County, Mo.</u>
--	----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>4-3-51</u>	REGISTRAR'S SIGNATURE <u>Geo L. Weir</u>	79	25. GENERAL DIRECTOR'S SIGNATURE <u>John A. Cantlon</u>	ADDRESS <u>Stockton, Mo.</u>
---	---	----	--	---------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

1296

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED **APR 9 1951**

Dist. File 437-778

Date Filed 4-11-51

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 _____

Richard W. Bandall

Student Embalmer No. 405

working under my personal supervision.

Student Richard W. Bandall
Student Embalmer

Signed John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Stockton, 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.