

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22406**

FILED AUG 14 1951

BIRTH NO. _____		REG. DIST. NO. 62		PRIMARY REG. DIST. NO. 4408		Registrar's No. 21	
1. PLACE OF DEATH a. COUNTY Cedar				2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission). a. STATE Missouri b. COUNTY Polk			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Stockton				c. LENGTH OF STAY (In this place) 1 hr.			
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Humansville			
				f. STREET ADDRESS (If rural, give location) R.# 3			
3. NAME OF DECEASED (Type or Print)		a. (First) Elizabeth		b. (Middle) Jane		c. (Last) Beaty	
4. DATE OF DEATH		(Month) 7		(Day) 26		(Year) 51	
5. SEX Fe	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 3-11-75		9. AGE (In years last birthday) 76	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) Lexington, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE John A. Beaty			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) -		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME Andrew Beaty R#3 Humansville, Mo.			
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) Coronary Occlusion & Aneurysm ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 7-26 , 1951, to 7-26 , 1951, that I last saw the deceased alive on 7-26 , 1951, and that death occurred at 10 P m., from the causes and on the date stated above.							
23a. SIGNATURE Geneva Garrison		23b. ADDRESS Stockton, Mo.		23c. DATE SIGNED 7-26-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7/26/51		24c. NAME OF CEMETERY OR CREMATORY Hickory Grove		24d. LOCATION (City, town, or county) (State) Cedar Co. Missouri	
DATE REC'D BY LOCAL REG. 8-2-51		REGISTRAR'S SIGNATURE Geneva Garrison		25. FUNERAL DIRECTOR'S SIGNATURE Primm Funeral Home Humansville			

(Licensed Embalmer's Statement on Reverse Side)

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

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

RECEIVED AUG 7 1951

Dist. File

Date Filed

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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 Q. H. Beckwith

Licensed Embalmer No. 3937

P. O. Address Humansville 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.