

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26714

State File No.

FILED SEP 7 1951

BIRTH NO.		REG. DIST. NO. <u>140</u>		PRIMARY REG. DIST. NO. <u>3024</u>		Registrar's No. <u>79</u>	
1. PLACE OF DEATH a. COUNTY <u>Howard</u> <u>0451</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fayette</u>		c. LENGTH OF <u>17 yrs</u> (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>0451</u> OR TOWN <u>Fayette</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>507 Watts Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>507 Watts Ave.</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Orville</u>		b. (Middle) <u>Edwin</u>		c. (Last) <u>Beach</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 28, 1951</u>	
5. SEX <u>Male</u> <u>0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 31, 1880</u>	
9. AGE (In years less birthday) <u>70</u>		10. MONTH <u>27</u>		11. DAY <u>27</u>		12. HOUR <u>27</u> MIN. <u>27</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Refrigerator Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Armstrong, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Edward Beach</u>		13b. MOTHER'S MAIDEN NAME <u>Louella McCormack</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Sexton</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>George Beach</u> ADDRESS <u>Fayette, 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premie Coma</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Coronary Disease</u> DUE TO (c) <u>Cardiac Decompensation</u> 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 wk</u> <u>6 mo</u> <u>6 mo</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4/201</u>				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) m.		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>1-5</u> , 19 <u>50</u> , to <u>8-28</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8-28</u> , 19 <u>51</u> , and that death occurred at <u>3 PM</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. J. Bloom M.D.</u>		23b. ADDRESS <u>Fayette, Mo.</u>		23c. DATE SIGNED <u>8-30-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8/30/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Old Chapel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Armstrong, Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-30-51</u>		REGISTRAR'S SIGNATURE <u>Mary K. Shelle</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph A. Carr</u>		ADDRESS <u>Fayette, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 9-7-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-7-51 _____

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Ralph A. Carr

Signed
Student Embalmer

Licensed Embalmer No. 3340

P. O. Address *Fayette 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.