S. No. 300
v. 10.48

FILED OCT 10 1951

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 29697

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 3009 Registrar's No. 82

0161

**1. PLACE OF DEATH**
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jackson
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo. b. COUNTY: Cape Gir.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jackson 0161
d. STREET ADDRESS (If rural, give location): 0

**3. NAME OF DECEASED** (Type or Print): a. (First) Nona b. (Middle) Inez c. (Last) Beattie

**4. DATE OF DEATH** (Month) (Day) (Year): Oct - 3 - 1951

**5. SEX:** Fel
**6. COLOR OR RACE:** W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH:** Apr 21, 1886
**9. AGE** (In years last birthday): 65 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

**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): Oak Ridge O Mo
**12. CITIZEN OF WHAT COUNTRY?** USA

**13a. FATHER'S NAME:** Kerney Cole
**13b. MOTHER'S MAIDEN NAME:** Fannie Johnson
**14. NAME OF HUSBAND OR WIFE:** George P. Beattie

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.:** _____
**17. INFORMANT'S SIGNATURE OR NAME:** George Beattie — ADDRESS: Jackson 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | Myocardial infarction | 2 hrs. |
| ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b) | Coronary thrombosis | 3 hrs. |
| DUE TO (c) | Arteriosclerotic heart disease | 10 yrs |
| II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* | Hypertension, moderate | ? |

**19a. DATE OF OPERATION:**
**19b. MAJOR FINDINGS OF OPERATION:** 4208
**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* Sept, 1950, *to* Oct 3, 1951, *that I last saw the deceased alive on* Oct 3, 1951, *and that death occurred at* 10:00 A *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): J. N. Jaeger, M. D.
**23b. ADDRESS:** Jackson, Mo
**23c. DATE SIGNED:** Oct 4, 1951

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE:** Oct 7, 1951
**24c. NAME OF CEMETERY OR CREMATORY:** MEMORIAL PARK
**24d. LOCATION** (City, town, or county) (State): CAPE GIR COUNTY Mo.

**DATE REC'D BY LOCAL REG.:** Oct 5-51
**REGISTRAR'S SIGNATURE:** D. G. Sullivan 43
**25. FUNERAL DIRECTOR'S SIGNATURE:** [signature] — ADDRESS: Jackson, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

OCT 8 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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 Gene C. Crawford

Signed.....
Student Embalmer

Licensed Embalmer No. 4327

P. O. Address Jackson, 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.