

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 10 1951

BIRTH NO. _____ REG. DIST. NO. **227** PRIMARY REG. DIST. NO. **4339** Registrar's No. **37**

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL and give township) PARIS		c. CITY (If outside corporate limits, write RURAL and give township) PARIS	
c. LENGTH OF STAY (In this place) 40 yrs		d. STREET ADDRESS (If rural, give location) FAIRVIEW HEIGHTS	
d. FULL NAME OF HOSPITAL OR INSTITUTION FAIRVIEW HEIGHTS			

3. NAME OF DECEASED (Type or Print) a. (First) BEULAH b. (Middle) DEAVER c. (Last) CRESS		4. DATE OF DEATH (Month) (Day) (Year) SEP. 29, 1951	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 25, 1879
9. AGE (In years) (Last birthday) 72 (Months) 8 (Days) 2		11. BIRTHPLACE (State or foreign country) MISSOURI	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	
13a. FATHER'S NAME JAMES E. DEAVER		13b. MOTHER'S MAIDEN NAME SARAH WELCH	
14. NAME OF HUSBAND OR WIFE PERRY E. CRESS		12. CITIZEN OF WHAT COUNTRY? U. S. A.	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. ✓	17. INFORMANT'S SIGNATURE OR NAME MRS. LULA JOHNSON	
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, asthma, etc. It means the disease, injury, or complication which caused death.		ADDRESS PARIS, MO.	

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic myocardial infarction</i>		INTERVAL BETWEEN ONSET AND DEATH 155x	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 7		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **9-21-1951** to **9-29, 1951**, that I last saw the deceased alive on **9-28, 1951**, and that death occurred at **4:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Print or title) <i>[Signature]</i>		23b. ADDRESS PARIS, MO.		23c. DATE SIGNED 9-30-51
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE OCT. 1, 1951	24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE	24d. LOCATION (City, town, or county) (State) PARIS, MO.	
DATE REC'D BY LOCAL REG. 9-30-51	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>[Signature]</i> PARIS, MO.		

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

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Date Received: OCT 8 1951
DISTRICT HEALTH OFFICE #2
District File Number 10-51-1786
Date Filed: OCT 8 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.....
E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address. Paris, Missouri

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.