

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

568

FILED FEB 6 1952

State File No. \_\_\_\_\_

BIRTH MO. \_\_\_\_\_ REG. DIST. NO. 62 PRIMARY REG. DIST. NO. 4108 Registrar's No. 5

0200

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

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stockton, Mo	c. LENGTH OF STAY (In this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stockton, Mo 0200	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) SUSAN	b. (Middle) ELIZABETH	c. (Last) BEASON	4. DATE OF DEATH (Month) (Day) (Year) Jan 20, 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 6, 1857	9. AGE (In years last birthday) 94	IF UNDER 1 YEAR Months 4 Days 14	IF UNDER 100 Hrs. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housekeeper	11. BIRTHPLACE (State or foreign country) Cedar County, Mo 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Joseph Beaty	13b. MOTHER'S MAIDEN NAME Mary Walker	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Leonard Beason, Stockton, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-vascular Hypertensive disease	DUE TO (b) Arteriosclerosis		yes
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c)		yes
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 10-1-, 1951, to 1-20-, 1952, that I last saw the deceased alive on 1-20-, 1952, and that death occurred at 1 P m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) O Wm. B. Richter M.D.	23b. ADDRESS Stockton Mo	23c. DATE SIGNED 1-21-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-22-52	24c. NAME OF CEMETERY Alder	24d. LOCATION (City, town, or county) (State) Cedar County, Missouri
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DATE REC'D BY LOCAL REG. 2-3-52	REGISTRAR'S SIGNATURE Geneva Garrison	FUNERAL DIRECTOR'S SIGNATURE John A. Cantlon	ADDRESS Stockton, Mo.
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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 \_\_\_\_\_

Richard W. Bandall

Student Embalmer No. 405

working under my personal supervision.

Student Richard W. Bandall  
Student Embalmer

Signed

John A. Cantton

Licensed Embalmer No. 4387

P. O. Address Stockton, M.

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.