

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

21109

State File No. _____

BIRTH NO. 37308 REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 484

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline</u>	
c. LENGTH OF STAY (in this place) <u>4 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>West Hauser</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Francis</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sandra</u> b. (Middle) <u>Lynn</u> c. (Last) <u>Beerbower</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 8, 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>June 8, 1952</u>		9. AGE (In years last birthday) <u>4</u> <input type="checkbox"/> MONTHS <u>3</u> <input type="checkbox"/> DAYS <u>4</u> <input type="checkbox"/> HOURS <u>3</u> <input type="checkbox"/> MIN.
10a. USUAL OCCUPATION (Give kind of work done during life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Marceline, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>Richard L. Beerbower</u>		13b. MOTHER'S MAIDEN NAME <u>Joyce Lyford</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) <u>None</u> (If war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Richard L. Beerbower</u> ADDRESS <u>Marceline, Mo</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>prematurity</u>					
ANCECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>	DUE TO (b) _____				
	DUE TO (c) _____				
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>776x</u>				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)	
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?	

22 I hereby certify that I attended the deceased from June 8, 1952, to _____, 19____, that I last saw the deceased alive on June 8, 1952, and that death occurred at 2:30 p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Philip A. Ottman, M.D.</u>	23b. ADDRESS <u>Marceline, Mo.</u>	23c. DATE SIGNED <u>6/9/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/9/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Roselawn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Marceline, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6/9/52</u>	REGISTRAR'S SIGNATURE <u>Mary Jane Owen</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James M. Langley</u>	ADDRESS <u>Marceline</u>
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(Licensed Embalmers' Statement on Reverse Side)

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

S. No. 300
v. 10.46

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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 ^{not} embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed George W. Danalt

Licensed Embalmer No. 4799

P. O. Address Marceline, 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.