

**STANDARD CERTIFICATE OF DEATH**

**37815**

State File No. ....

No. 300  
10.48  
**DEC 4 1952**

BIRTH NO. 57829 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 517

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Dexter</b> <b>1031</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>212 West Market</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Doctor's Hospital</b>			

3. NAME OF DECEASED a. (First) <b>Linda</b> b. (Middle) <b>Lou</b> c. (Last) <b>Beyerbach</b>			4. DATE OF DEATH <b>Nov. 15, 1952</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	
8. DATE OF BIRTH <b>July 31, 1952</b>		9. AGE (in years last birthday) <b>0</b>		10. MONTHS <b>3</b> DAYS <b>15</b> HOURS <b>15</b> MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Dexter, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>					

13a. FATHER'S NAME <b>Herman Beyerbach</b>		13b. MOTHER'S MAIDEN NAME <b>Patty Lou Caldwell</b>		14. NAME OF HUSBAND OR WIFE <b>-----</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>-----</b>		16. SOCIAL SECURITY NO. <b>-----</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Hermen Caldwell, Dexter, Mo.</b>	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Circulatory Failure</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Cause undet.</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>				INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>7829</b>				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 11-14-, 1952, to 11-15-, 1952, that I last saw the deceased alive on 11-15-, 1952, and that death occurred at 12 noon, from the causes and on the date stated above.

23a. SIGNATURE <b>Arthur C. Parker Jr. M.D.</b> (Degree or title)		23b. ADDRESS		23c. DATE SIGNED	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11-16-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Caroline Dowdy</b>		24d. LOCATION (City, town, or county) (State) <b>R. F. D. Dexter, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>Nov 29 1952</b>		REGISTRAR'S SIGNATURE <b>Wm. H. Johnson</b> <b>428-0</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Strickland-Rainey</b> ADDRESS <b>Dexter, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

124  
0

RECEIVED  
DEC 2 1952  
BUTLER CO. HEALTH CENTER  
FILE No. 1252-~~563~~564

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *J. Stuckland*  
Licensed Embalmer No. 3479

P. O. Address West, 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.