

No. 300  
10.48

FILED MAY 12 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13805

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 5732 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY OR TOWN <u>RURAL MERAMEC</u>	c. LENGTH OF STAY (in this place) <u>7 yr., 5</u>	c. CITY OR TOWN <u>RURAL MERAMEC</u>	<u>0360</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>RURAL U.S. #66</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LLOYD</u> b. (Middle) <u>ACEY</u> c. (Last) <u>BEERS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-8-1953</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>1-31-1902</u>	9. AGE (In years last birthday) <u>51</u>	if UNDER 1 YEAR Days <u>3</u>	if UNDER 24 HRS. Hours <u>7</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>SALEM MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>JOHNATHON L. BEERS</u>		13b. MOTHER'S MAIDEN NAME <u>LUCUILL DAVIS</u>		14. NAME OF HUSBAND OR WIFE <u>BEULAH GILLIAM BEERS</u>	
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. <u>487-18-6615</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. LLOYD BEERS SULLIVAN MO</u>	

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.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.  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 <u>4201</u>			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 April - 1948, to 5-8, 1953 that I last saw the deceased alive on 5-8, 1953, and that death occurred at 7:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles H. Scott D.O.</u>		23b. ADDRESS <u>Sullivan Mo.</u>		23c. DATE SIGNED <u>5-8-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-10-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>VIBURNUIN CEMETERY</u>	
				24d. LOCATION (City, town, or county) (State) <u>VIBURNUIN MO.</u>	

DATE REC'D BY LOCAL REG. <u>5-9-53</u>		REGISTRAR'S SIGNATURE <u>Chas. H. Scott</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Phos. L. Shaffer Sullivan Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

360  
1

MAY 20 1953

MAY 19 1953

MAY 21 1953

MAY 20 1953

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. me

working under my personal supervision.

Student .....  
Student Embalmer

Signed Paul F. Knollenberg

Licensed Embalmer No. 2631

P. O. Address Sullivan 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.