

STANDARD CERTIFICATE OF DEATH

20690

State File No.

LED JUL 7 - 1953

BIRTH NO.		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5712</u>		Registrar's No. <u>46</u>	
1. PLACE OF DEATH a. COUNTY <u>Bellingham</u> b. CITY OR TOWN <u>LEOPOLD</u> <u>LORENCE</u> c. LENGTH OF STAY (in this place)				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>BOLLINGER</u> c. CITY OR TOWN <u>LEOPOLD - Rural</u> d. STREET ADDRESS (If rural, give location) <u>0090</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle)		c. (Last) <u>Beussink,</u>		4. DATE OF DEATH (Month) <u>6th</u> (Day) <u>28</u> (Year) <u>53</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov, 1st 1862</u>	
9. AGE (In years last birthday) <u>90</u>		10. UNDER 1 YEAR <u>7</u> Months <u>27</u> Days		11. UNDER 1 MILE <u>4</u> Hours <u>3</u> Mins.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Holland</u> <u>4</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U S A,</u>				13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>131</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Norman Beussink</u>				18. ADDRESS <u>Leopold</u>			
19. 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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac decompensation</u> DUE TO (c) <u>General senile debility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>YES</u> <input type="checkbox"/> <u>NO</u> <input 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 <u>Sept. 30, 1952</u> , to <u>June 28, 1955</u> , that I last saw the deceased alive on <u>June 27, 1955</u> , and that death occurred at <u>10:27</u> m. from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Everette L. Pius D.O.</u>				23b. ADDRESS <u>Interville, Mo.</u>		23c. DATE SIGNED <u>6-30-55</u>	
24a. BURIAL, CREMATION, REINTERMENT (Specify)		24b. DATE <u>6-30-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LOpold Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Leopold Bollinger Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6.30-53</u>		REGISTRAR'S SIGNATURE <u>Thelma Van Amburgh</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Baker Funeral Home Interville</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, Va.

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.