

FILED: JUL 9 - 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21010**

0220

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 67 PRIMARY REG. DIST. NO. 5260 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Christian</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Christian</b>	
b. CITY OR TOWN <b>Rural, Oldfield Twp.</b>		c. CITY OR TOWN <b>Rural, Oldfield Twp.</b>	
c. LENGTH OF STAY (In this place) <b>7 Mths.</b>		d. STREET ADDRESS (If rural, give location) <b>Christian</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Christian</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Beulah</b>		b. (Middle) <b>Preston</b>	
c. (Last) <b>Preston</b>		4. DATE OF DEATH <b>June 12, 1953</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>July 21, 1896</b>
9. AGE (In years last birthday) <b>56</b>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Texas</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>			
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Jane McClure</b>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Opal Mathews, Oldfield, Mo.</b>		ADDRESS	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>	
ANTECEDENT CAUSES DUE TO (b) <b>Diabetes</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 Hrs.</b>	
DUE TO (c) <b>Unknown</b>		<b>8 Yrs.</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertention</b>		<b>Unknown</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>260X</b>	
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 <b>Nov. 25, 1952</b> , to <b>June 12, 1953</b> , that I last saw the deceased alive on <b>June 7, 1953</b> , and that death occurred at <b>11:00 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>R. R. Fasthig, M.D.</b>		23b. ADDRESS <b>Ozark, Mo.</b>	
23c. DATE SIGNED <b>6-19-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>June 16, 1953</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Graham Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Young Co. Texas</b>	
DATE REC'D BY LOCAL REG. <b>July 7 - 53</b>		REGISTRAR'S SIGNATURE <b>Emma Jean Hughes</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>G. B. Chaffin</b>		ADDRESS <b>Ozark, Mo.</b>	

**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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ogden, 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.