No. 300
10.48

FILED JUL 14 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22057

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4269 Registrar's No. 45

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

1. PLACE OF DEATH
a. COUNTY: LAFAYETTE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CORDER
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: LAFAYETTE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HIGGINSVILLE, MO. 0541 0
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ORLANDO
b. (Middle): BRADLEY
c. (Last): BEATIE

4. DATE OF DEATH (Month) 7 (Day) 5 (Year) 53

5. SEX 0 M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2
8. DATE OF BIRTH 2-12-1875
9. AGE (In years last birthday) 78 — IF UNDER 1 YEAR Months 4 Days 23 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PRODUCE MANAGER
10b. KIND OF BUSINESS OR INDUSTRY: PRODUCE
11. BIRTHPLACE (City and State or Foreign Country): HIGGINSVILLE, MISSOURI 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: WM. C. BEATIE
13b. MOTHER'S MAIDEN NAME: EVLYN CARTER
14. NAME OF HUSBAND OR WIFE: RUTH BURNS BEATIE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME C. L. BEATIE — ADDRESS CORDER, MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio Vascular Renal Disease with decompensation — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs. plus

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. diabetes mellitus — 3 yrs plus

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 442X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ....., 1950, *to* July 4, 1953, *that I last saw the deceased alive on* July 4, 1953 *and that death occurred at* 5:05 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Jordan Kellington (Degree or title) M.D.
23b. ADDRESS Waverly, Missouri
23c. DATE SIGNED 7/9/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE 7-6-53
24c. NAME OF CEMETERY OR CREMATORY: CITY
24d. LOCATION (City, town, or county) (State): HIGGINSVILLE, MO.

DATE REC'D BY LOCAL REG. July 8-1953
REGISTRAR'S SIGNATURE Clayton W. Landrum 154-
25. FUNERAL DIRECTOR'S SIGNATURE Forrest S. Hoefer — ADDRESS HIGGINSVILEE, MO.

(Licensed Embalmer's Statement on Reverse Side)

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 Forest A. Horn

Licensed Embalmer No. 4358

P. O. Address HIGGINSVILLE, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.