

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1767

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5586 Registrar's No. 14

FILED JAN 27 1954

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural-Marion Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural - Marion Township	
c. LENGTH OF STAY (In this place) 15 yrs			
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 4, Carthage, Mo		d. STREET ADDRESS (If rural, give location) Route 4, Carthage 0490	

3. NAME OF DECEASED (Type or Print)	a. (First) CHARLES	b. (Middle) FERMAN	c. (Last) BEAVER	4. DATE OF DEATH (Month) (Day) (Year) Jan 22, 1954
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5. SEX <input checked="" type="radio"/> male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <input checked="" type="checkbox"/> married	8. DATE OF BIRTH Sept 4-1896	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months Days	IF UNDER 24 HOURS Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) post office employe	10b. KIND OF BUSINESS OR INDUSTRY maintenance	11. BIRTHPLACE (City and State or Foreign Country) McDonald, County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Beaver	13b. MOTHER'S MAIDEN NAME <i>unk</i>	14. NAME OF HUSBAND OR WIFE Verna Alexander Beaver
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 499-17-9455	17. INFORMANT'S SIGNATURE OR NAME Mrs. C.F. Beaver, Rt. 4 Box 238, Carthage	18. ADDRESS
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Thrombosis</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Over exertion</i> 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	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)
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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?
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22. I hereby certify that I attended the deceased from did not attend, 19  , to   , 19  , that I last saw the deceased alive on   , 19  , and that death occurred at 3309 m., from the causes and on the date stated above.

23a. SIGNATURE <i>A. C. Baker</i>	(Degree or title) county MD physician Carthage, Mo	23b. ADDRESS	23c. DATE SIGNED 1-22-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 1-26-54	24c. NAME OF CEMETERY OR CREMATORY Fasken Cemetery	24d. LOCATION (City, town, or county) (State) Rt 1, Carthage, Mo
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DATE REC'D BY LOCAL REG. 1-23-54	REGISTRAR'S SIGNATURE <i>Lloyd B. ...</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary, Carthage, Mo
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(Licensed Embalmer's Placement on Reverse Side)

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

No. 300  
10-48

490

JAN 27 1954

JAN 26 1954

FEB

RECEIVED JAN 26 1954  
Jasper County Health Office  
County File Number 54-1-77  
Date Filed JAN 26 1954

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 Frank W. Krell

Licensed Embalmer No. 4440

P. O. Address Carthage, 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.