

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7583
State File No. 0264

BIRTH NO. FILED FEB 16 1954 REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 45745 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Webster		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Webster	
b. CITY OR TOWN Marshfield		c. CITY OR TOWN Rogersville, Rural	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION George Rest Homes.			

3. NAME OF DECEASED (Type or Print)	a. (First) Robert	b. (Middle) Mead	c. (Last) Beatie	4. DATE OF DEATH (Month) (Day) (Year)
				JAN 27 1954

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Deceased.	8. DATE OF BIRTH MAR. 12, 1873	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
--------------------	-------------------------------	---	---------------------------------------	---	------------------------	----------------------	----------------------	---------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	-----------------------------------	---	--

13a. FATHER'S NAME John Beatie	13b. MOTHER'S MAIDEN NAME Matilda Pickel	14. NAME OF HUSBAND OR WIFE Deceased.
---------------------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Jerric Webb	ADDRESS 817 W Madison Springfield
--	-------------------------------------	--	--

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, ashenia, 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) Congestive Circulatory Failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) Thrombotic Encephalomalacia + Prolonged Recumbency DUE TO (c) Arteriosclerosis		
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 332 X	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) (Min.)	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 **12-15, 1953**, to **1-27, 1954**, that I last saw the deceased alive on **1-27, 1954**, and that death occurred at **8:30 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE Chas. Plomin, M.D. (Degree or title)	23b. ADDRESS Marshfield, Mo.	23c. DATE SIGNED 2/9/54
--	-------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-29-54	24c. NAME OF CEMETERY OR CREMATORY Palmetto Cem.	24d. LOCATION (City, town, or county) (State) Rogersville Mo.
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. 2/9/54	REGISTRAR'S SIGNATURE J. Francis 392-0	25. FUNERAL DIRECTOR'S SIGNATURE J. C. Ferrell	ADDRESS Rogersville Mo.
--	---	---	--------------------------------

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

0.300
0.48

20
4

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed: Max J Miller

Signed.....
Student Embalmer

Licensed Embalmer No. 4720

P. O. Address Fairland, 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.