

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9771**

FILED APR 12 1954

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **87**

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

1. PLACE OF DEATH a. COUNTY St Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Charles		c. CITY (If outside corporate limits, write RURAL and give township) Wright City	
d. FULL NAME OF HOSPITAL OR INSTITUTION: St Joseph Hospital		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) Tom b. (Middle) Frederick c. (Last) Beavers		4. DATE OF DEATH (Month) (Day) (Year) April 7 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 4 1896
9. AGE (In years) (Month) (Day) 57	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY General	11. BIRTHPLACE (State or foreign country) Old Hickory Arkansas
13a. FATHER'S NAME Henry Beavers		13b. MOTHER'S MAIDEN NAME N. Richardson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 432-05-3255	
17. INFORMANT'S SIGNATURE OR NAME Crecie Beavers		ADDRESS Wright City 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal obstruction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Peritoneal adhesions DUE TO (c) Perforated ulcer II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 5705	
19a. DATE OF OPERATION Feb 23, 1954		19b. MAJOR FINDINGS OF OPERATION Intestinal obstruction - gangrenous ulcers	
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)		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 1951 , to April 7, 1954 , that I last saw the deceased alive on April 7, 1954 , and that death occurred at 8:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Russell Fisher M.D. (Degree or title)		23b. ADDRESS St Charles Mo.	
23c. DATE SIGNED 4-8-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/9/54	
24c. NAME OF CEMETERY OR CREMATORY Wright City Cemetery		24d. LOCATION (City, town, or county) (State) Wright City MO	
DATE REC'D BY LOCAL REG. April 8 1954		REGISTRAR'S SIGNATURE Francis Hamilton ADDRESS 284-0 Nieburg Farm & Orchard CO Wright City Mo.	

APR 19 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

Julius J. Nieburg

Licensed Embalmer No.

3366

P. O. Address

Wright City, 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.